

NAMI Basics Screening Form

How did you hear about NAMI's Education programs?

- Newspaper advertisement
- Radio announcement
- A friend
- Church bulletin
- Other (please describe) _____

Name _____

Address: _____

Phone Home _____ Work _____ Email _____

Relationship of family member:

- Son/Daughter
- Grandchild
- Foster child
- Other (please specify) _____

Type of mental illness/behavioral difficulties:

- | | |
|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Major Depression | <input type="checkbox"/> Anxiety/Panic/phobia |
| <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Oppositional/Defiant Disorder |
| <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Other (please specify) _____ | |

Living arrangements of family member:

- Lives with me
- Lives with another family member
- Lives in a treatment facility
- Other (please specify) _____

Information taken by: _____ Date _____

***** DISPOSITION *****

- Scheduled to attend an upcoming class
Date _____ Location _____
- Placed on waiting list for next class in their area
- Not interested in class at this time
- Other (please specify) _____