



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Brief Crisis Screening for Walk-In Intake Services

Please read the questions below and circle Yes or No for each question.

Are you or your child experiencing any continuous suicidal thoughts? **Yes** **No**

Are you or your child having continuous thoughts of wanting to harm others? **Yes** **No**

Are you or your child experiencing any internal voices telling you to do things that may put yourself or others in danger? **Yes** **No**

This is a therapeutic and weapon free environment. Do you or anybody accompanying you to this intake has in their possession at this time any guns, knives, or other objects that may be considered harmful among your belongings?

Yes **No**

If you checked yes, this item cannot stay on the premises and needs to be removed and stored away from the building. If you are unable to safely store it outside the building during your time with us, our staff will share possible next steps to consider before you can carry on with your intake.

Thank you for choosing Macomb County Community Mental Health, we are happy you are here!