

**Travis County Veterans Treatment Court
VA Screening/Assessment**

(solely for the purpose of Veteran's application to the Veterans Treatment Court)

Veteran's Name:

Last 4 of SSN:

Date of Birth:

Date of Assessment:

Clinician's Name:

Diagnosis/Assessment:

If a mental disorder is indicated, could it be related to a traumatic event occurring during the military? **YES** **NO**

If PTSD is indicated, is it military-related? **YES** **NO**

If TBI is indicated, is it military-related? **YES** **NO**

If substance use is indicated, does clinician feel it could be related to experiences in the military? **YES** **NO**

ADDITIONAL COMMENTS (If any):

Clinician's Treatment Recommendations

_____ STEP (or equivalent to VA's 30 day residential substance abuse treatment program at the Temple VA)

_____ SATP (or equivalent to Austin VA's outpatient substance abuse treatment groups)
Upon completion of SATP Phase 2, Veteran may be referred to aftercare or, other groups including Seeking Safety, Mindfulness, Coping Skills, etc. with referrals to PTSD and Peer Support groups as appropriate

_____ PRRP (6-8 week residential PTSD treatment program at the Waco VA)

_____ RRTP (30 day residential rehabilitation treatment program (for MH issues) at Temple VA)

_____ Individual Therapy

_____ Mental Health Groups

_____ Medications: If recommended treatment, is Veteran receptive to taking medications? **YES** **NO**

ADDITIONAL COMMENTS (If any):

Completed by: _____

Date: _____