PsySTART™ Disaster Mental Health Triage System

LAST NAME	FIRST NAME	MEDICAL RECORD NUMBER

AGE	GENDER	HOME ZIP CODE
	MALE FEMALE	

	INDICATE "YES" ANSWERS BELOW
EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	
FELT OR EXPRESSED EXTREME PANIC?	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	
DEATH OF IMMEDIATE FAMILY MEMBER?	
DEATH OF FRIEND OR PEER?	
DEATH OF PET?	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	
TRAPPED OR DELAYED EVACUATION?	
HOME NOT LIVABLE DUE TO DISASTER?	
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?	
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?	
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION/STATUS DURING DISASTER?	
PRIOR HISTORY OF MENTAL HEALTH CARE?	
CONFIRMED EXPOSURE/CONTAMINATION TO AGENT?	
DE-CONTAMINATED?	
RECEIVED MEDICAL TREATMENT FOR EXPOSURE/CONTAMINATION?	
HEALTH CONCERNS TIED TO EXPOSURE?	
NO TRIAGE FACTORS IDENTIFIED?	

MARKING EXAMPLES


CORRECT


WRONG


WRONG

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Original – Patient Chart

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For use with the PsySTART Incident Management System

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