



WHITMAN-WALKER
Health
we see you.

SAME DAY BEHAVIORAL HEALTH SUPPORT



Check in about your emotional wellness



Need support after a challenging event?



Curious about our behavioral health services?



Want to connect to a therapist or a support group?



Our clinicians can support Whitman-Walker patients on the same day for any of these needs. Ask your provider to connect you to a Behavioral Health Specialist for a same-day appointment.

WHAT TO EXPECT

A same-day behavioral health support visit is like a check-up for your mental health. Our clinicians can help you right here and right now. If you just want to connect to services or learn more, or if you are experiencing some overwhelming emotions, we are here for you.

Same-day visits are billed to your insurance like a medical visit. Please check with your insurance company about co-pays or deductibles.

Same-day visits can be in person at either our 14th St or Max Robinson locations.

LEARN MORE

Ask your medical provider to connect you to a Behavioral Health specialist for a same day visit.



SCAN ME



SAME DAY BEHAVIORAL HEALTH SUPPORT

CORE-10 Scale- Life Functioning

| | | | | | |
|---|----------------------------------|---|---------------------------------|-----------------------------|------------------------------|
| I have felt tense, anxious or nervous | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| I have felt I have someone to turn to for support when needed | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| I have felt able to cope when things go wrong | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| I have felt panic or terror | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| Talking to people has felt too much for me | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| I made plans to end my life | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| I have had difficulty getting to sleep or staying asleep | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| I have felt despairing or hopeless | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| I have felt unhappy | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |
| Unwanted images or memories have been distressing me | <input type="radio"/> Not at all | <input type="radio"/> Only occasionally | <input type="radio"/> Sometimes | <input type="radio"/> Often | <input type="radio"/> Always |

ASQ- Scale- Suicide Risk

| | | |
|--|---------------------------|--------------------------|
| In the past few weeks, have you wished you were dead? | <input type="radio"/> Yes | <input type="radio"/> No |
| In the past few weeks, have you felt that you or your family would be better off if you were dead? | <input type="radio"/> Yes | <input type="radio"/> No |
| In the past few weeks, have you been having thoughts about killing yourself? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have you ever tried to kill yourself? If so, how? _____ | <input type="radio"/> Yes | <input type="radio"/> No |
| Having thoughts about killing yourself now? | <input type="radio"/> Yes | <input type="radio"/> No |