



Intended use of the assessment: This form is intended to be utilized by service providers who assist patients with behavioral health challenges for a hospital emergency room entry.

Consumer Name: _____ Date: _____

Guardian? Y/N (If so, name and contact #) _____

Case Worker Name: _____ Phone Number: _____

Psychiatrist Name: _____ Phone Number: _____

Court Committal? Y/N (describe type of committal) _____

What is complaint? When did it begin? _____

What has been done already? Check all that apply
Describe more fully below – what advice given / steps taken / results

<input type="checkbox"/>	De-escalation steps	<input type="checkbox"/>	Case Manager called
<input type="checkbox"/>	PRN given	<input type="checkbox"/>	First Aid administered
<input type="checkbox"/>	Administrator called	<input type="checkbox"/>	Ambulance called
<input type="checkbox"/>	Guardian called	<input type="checkbox"/>	Police called
<input type="checkbox"/>	Doctor / Psych called	<input type="checkbox"/>	Other

Detail description/Additional info: _____

Allergies: _____

Medication list (bring med list)

- When did last take meds? _____
- Any recently missed or refused doses? _____

Recent Medical visits (see visit dates in med book under medical and psych)

- Last psychiatrist appointment _____
- Last Medical appointment with PCP _____

Bring along:

- Med chart book
- Consumer Face Sheet
- Medication List or MARs
- If an ongoing situation or behavioral, bring along copies of 1 week's contact notes