**Consumer Name:**       **Date:**

**Guardian?**  **Yes**  **No**

**If yes, guardian name:**       **Phone Number:**

**Case Worker Name:**       **Phone Number:**

**Psychiatrist Name:**       **Phone Number:**

**Is this a court committal?**  **Yes**  **No**

**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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | De-escalation steps |  | Case Manager called |
|  | PRN given |  | First Aid administered |
|  | Administrator called |  | Ambulance called |
|  | Guardian called |  | Police called |
|  | Doctor / Psych called |  | Other |

**Detail description/additional info:**

**Allergies:**

**Medication list (bring medication list)**

* **When did the consumer 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 primary care physician :**

**Bring along the following:**

* 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