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| **Initial Assessment and Crisis Contact Summary for Crisis Response Contacts** | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact/ Admit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Medicaid #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time In: Time Out: Total Time:** |
| Type of Contact:  □ Mobile Crisis Service Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    □ Telephone Crisis Response Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Walk-in Crisis Response | |
| Others Involved: | |
| Presenting Needs (the factors indicating a need for Crisis ResponseServices) | |
| Actions Taken by Staff: | |
| Initial Behavioral Observations  Speech:  Appropriate  Slowed  Mechanical  Rapid  Other  Behavior:  Appropriate  Withdrawn  Bizarre  Volatile  Other | |
| Appearance:  Appropriate  Disheveled  Unclean  Inappropriately dressed   Other  Phone Contact  Mood:  Appropriate  Manic  Depressed  Labile  Irritable  Other  Affect:  Appropriate  Flat  Labile  Other  Oriented to:  Place  Time  Person  Situation  Other  Thought Content:  Appropriate  Incoherent  Obsessive  Delusional  Paranoid  Other  Memory:  Appropriate  Repressed  Confused  Other  Intelligence:  Average  Above Average  Below Average  Judgment/Insight:  Appropriate  Impaired  Suicidal  Homicidal  Other  Hallucinations:  Auditory  Visual  Tactile  Other  Comments: | |
| **Resolution** | |

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| Condition of the Individual at Conclusion of Contact | | Referrals Made by Staff | |
| Appointment with the Provider  Date:  Time: | |
| Required Data  (Please mark as Unknown if Information is Unavailable) | | | |
| Birth Date: | Age: | | Gender: |
| Race: | Education Level: | | Marital Status: |
| County of Residence: | Living Arrangement: | | Type of Residence: |
| Employment Status: | Legal Status: | | Primary Income Source: |
| Annual Income: | # in Household: | | SSI/SSDI Eligibility: |
| Veteran Status: | Physical Impairments: | | Service Code: |
| Staff Signature/Credentials: | | | |