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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| Initial Behavioral ObservationsSpeech:  Appropriate  Slowed  Mechanical  Rapid  OtherBehavior:  Appropriate  Withdrawn  Bizarre  Volatile  Other |
| Appearance:  Appropriate  Disheveled  Unclean  Inappropriately dressed   Other  Phone ContactMood:  Appropriate  Manic  Depressed  Labile  Irritable  OtherAffect:  Appropriate  Flat  Labile  OtherOriented to:  Place  Time  Person  Situation  OtherThought Content:  Appropriate  Incoherent  Obsessive  Delusional  Paranoid  OtherMemory:  Appropriate  Repressed  Confused  OtherIntelligence:  Average  Above Average  Below AverageJudgment/Insight:  Appropriate  Impaired  Suicidal  Homicidal  OtherHallucinations:  Auditory  Visual  Tactile  OtherComments: |
| **Resolution** |

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| Condition of the Individual at Conclusion of Contact | Referrals Made by Staff |
| Appointment with the ProviderDate: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: |