Potential or Actual Harm to Self or Others Form

Case No.: _____

Day, Date: _____

Time: _____

Location:_____

Sex: _____

Age: _____

Harm to self: _____

Thoughts/Concern-self/others:_____ Threat:_____ Actual Attempt:_____ Actual Harm/Death:_____

Substantiated & How:_____

Harm to Others:_____

Thoughts/Concern-self/others:_____ Threat:_____ Actual Attempt:_____ Actual Harm/Death:_____

Substantiated & How:_____

Method:_____

Reasons(s)- How Substantiated

Law Enforcement involvement? _____ Why? _____ Requested by?_____ Crime or Weapon involved? Specify_____

Law Enforcement Needed/Legal Reason_____

Taken to:_____

Hospital, specify: _____

Clinic/Treatment Center:_____

Other:_____

Medication Current Use and 2 year History:_____

Current Medications Dosage Prescribed by Duration of prescription

Historic Medications Dosage Prescribed by Duration of Prescription When Ceased/Last Dose

Providers in the last 2 year

Illegal/recreational drugs and alcohol use- Current and 2 year history

Info Provided By name/Entity:_____ Date:_____ Comments:_____