

Initial Assessment and Crisis Contact Summary for Crisis Response Contacts COMMUNITY COUNSELING SERVICES Rev 01/17	Case Name:		Case Id#:
	Medicaid #:		SS #:
	Date of Contact/Admission:		
	Service Code:		
	Time In:	Time Out:	Total Time:

Type of Contact: Face to Face **Location:** _____
 Mobile Crisis Service Walk-In Emergency Other _____
 Telephone **Number:** _____
 Law Enforcement Involvement

Other Individuals Involved:

Presenting Need (*the factors indicating a need for Crisis Response Services*)

Initial Behavioral Observations: *First hand Observation* *As Reported by:*

Speech: Appropriate Slowed Mechanical Rapid Other _____

Behavior: Appropriate Withdrawn Bizarre Volatile Other _____

Appearance: Appropriate Disheveled Unclean Inappropriately dressed Other _____

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 Other _____

Judgment/Insight: Appropriate Impaired Suicidal Homicidal Other _____

Hallucinations: Auditory Visual Tactile Not Reported Other _____

S/A Influence: Alcohol Drug _____ None Other _____

Comments:

Actions Taken by Staff

Resolution

Condition of the Individual at Conclusion of Contact

Referrals Made by Staff

Appointment with the Provider

Date:

Time:

Required Data- if not a registered CCS client

(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:	
Annual Income:	# in Household:		Primary Income Source:	
SSI/SSDI Eligibility:	Veteran Status:		Physical Impairments:	

Staff Signature/Credentials:

Date

Supervisor Signature (if applicable)

Date

If Client, submit Crisis Report to Medical Records for inclusion in client's chart and notify all applicable staff.

ON-CALL DUTY ONLY: Submit copy to HR to correspond with report of coverage.

M-CeRT DUTY ONLY: Submit to Crisis Coordinator to correspond with M-CeRT report of coverage.