

# CRISIS INTERVENTION DOCUMENTATION

## Emergency Response and Assessment

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Clinician: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_ Duration: \_\_\_\_\_

### PRESENTING CRISIS

Nature of crisis:

\_\_\_\_\_  
\_\_\_\_\_

Precipitating events:

\_\_\_\_\_  
\_\_\_\_\_

Current safety concerns:

- Self-harm risk
- Harm to others
- Substance use
- Psychosis
- Severe agitation
- Other: \_\_\_\_\_

### IMMEDIATE ASSESSMENT

Mental status:

Appearance: \_\_\_\_\_  
Mood/Affect: \_\_\_\_\_  
Thought process: \_\_\_\_\_  
Reality testing: \_\_\_\_\_

Risk assessment:

Suicide risk:  None  Low  Moderate  High  Imminent  
Homicide risk:  None  Low  Moderate  High  Imminent

Support system present:

- Family member: \_\_\_\_\_
- Friend: \_\_\_\_\_
- Professional: \_\_\_\_\_
- None available

### INTERVENTIONS PROVIDED

- De-escalation techniques
- Safety planning
- Medication review/adjustment
- Emergency contacts activated
- Transportation arranged
- Referral to emergency services
- Follow-up appointment scheduled

Outcome:

- Crisis stabilized - client safe to leave