

CONTACT DESCRIPTION

Incident #	Agency	Date	Arrival Time	Departure Time
Event Location			Responding CIT Officer	
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Self-initiated	<input type="checkbox"/> Referral/Other:		
Notification Description				

SUBJECT INFORMATION

Last Name	First Name	MI	SSN	DOB	Age
Street Address		City	State	ZIP	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK			
Gender	Race	Veteran			
Home Phone	Cell/Work Phone	Emergency Contact Name/Relationship	Phone Number		

EMS OR MEDICAL SERVICES REQUIRED CRITERIA

Overdose Vomiting Slurred speech Coughing w/ blood
 Convulsions or seizures Fluid or blood from nose, mouth, or ears
 Drowsiness or unresponsiveness Extreme weakness or fatigue

When was the last time subject ate or drank anything? Ate: Drank: DK

MENTAL HEALTH & SUBSTANCE ABUSE INFORMATION

Evidence of A/D intoxication: Yes No If YES, specify: _____

Possible substances (list all known): _____

Subject reported mental illness: Yes No If YES, specify: _____

Subject reported Rx medications: Yes No If YES, specify: _____

BEHAVIORAL CHARACTERISTICS

Uncooperative or belligerent Depressed Unusually scared or frightened
 Confusion and/or disorientation Hallucinations → Select: Auditory Visual
 Disorganized speech Manic → Select: Behavior Mood
 Delusions (specify if possible): _____

THREATS, VIOLENCE, & WEAPONS OBSERVED

Able to care for self: Yes No _____

Suicidal ideation/talking about it: Yes No _____

Suicide attempt: Yes No _____

Suicide note: Yes No _____

Threat to harm self: Yes No _____

Threat to harm others: Yes No _____

Attempt to injure self: Yes No _____

Attempt to injure others: Yes No _____

Weapons present: Yes No → Specify: _____

ADDITIONAL INFORMATION

Subject known from prior contact: Yes No Last contact: _____

Injuries during incident: Yes No # Consumers: _____ # Officers: _____

DISPOSITION

Consumer stabilized/de-escalated at scene

Consumer left on scene, referred to outpatient TX → Specify: _____

Consumer transported to single point of entry → Specify: _____

Consumer referred to EMR or medical facility → Specify: _____

Consumer referred to other community agency → Specify: _____

Consumer arrested and transported to jail Felony Misdemeanor

- Contact Westway Crisis Center prior to transporting: 1-888-330-7772.
- Bring all medications and empty medication containers if transporting to crisis center or medical facility.
- Scan and email a copy of this form to ragan.downey@pbmhr.org (regardless of disposition).