Crisis/Emergency Follow-Up Note

Patient Information

Name: _____ Date of Birth: __ Date: _ MRN/ID: __ Provider: _____

Crisis/Emergency Details

Date of Crisis/Emergency Event: ___ Type of Crisis: ☐ **Suicidal Ideation/Behavior** ☐ **Homicidal Ideation/Behavior** ☐ **Psychosis** ☐ **Severe Anxiety/Panic** ☐ **Substance Use** ☐ **Medication Issue** ☐ **Other: _____ Intervention Provided:** ☐ Crisis Assessment ☐ Safety Planning ☐ Medication Adjustment ☐ ED Referral ☐ Mobile Crisis ☐ Hospitalization ☐ Other: **_____ Hospitalization:** ☐ **N/A** ☐ **Admitted: From __ To _ Facility: ____**

Current Status

Presenting Concern Today: _____

Changes Since Crisis/Emergency: ☐ Improved ☐ Unchanged ☐ Worsened ☐ Fluctuating **Details: _____**

Risk Assessment

Current Suicidal Ideation: ☐ No ☐ Yes: **_____ Current Plan:** ☐ **No** ☐ **Yes: _____ Current Intent:** ☐ No ☐ Yes: **_____ Access to Means:** ☐ No ☐ Yes: **_____ Current Homicidal Ideation:** ☐ **No** ☐ **Yes: _____ Current Psychosis:** ☐ **No** ☐ **Yes: _____ Substance Use Since Crisis:** ☐ **No** ☐ **Yes: _____ Protective Factors: _____ Current Risk Level:** ☐ Low ☐ Moderate ☐ High ☐ Imminent

Mental Status Examination

Appearance: ☐ Well-groomed ☐ Disheveled ☐ Other: **_____ Behavior:** ☐ Calm ☐ Agitated ☐ Restless ☐ Other: **_____ Speech:** ☐ Normal rate/volume ☐ Pressured ☐ Slow ☐ Other: **_____ Mood:** ☐ **Euthymic** ☐ **Depressed** ☐ **Anxious** ☐ **Irritable** ☐ **Other: ___ Affect:** ☐ Full range ☐ Restricted ☐ Blunted ☐ Flat ☐ Other: **____ Thought**

Process: ☐ **Linear** ☐ **Tangential** ☐ **Circumstantial** ☐ **Disorganized** ☐ **Other: _**
Thought Content: ☐ **No SI/HI/Psychosis** ☐ **SI** ☐ **HI** ☐ **Delusions** ☐ **Hallucinations** ☐ **Other: ___** **Cognition:** ☐ **Alert and oriented x3** ☐ **Impaired: _____** **Insight:** ☐ Good ☐ Fair ☐ Poor ☐ None **Judgment:** ☐ Good ☐ Fair ☐ Poor ☐ Impaired

Current Medications

Medication	Dose	Frequency	Start/Change Date	Adherence	Side Effects

Medication Adherence Since Crisis: ☐ Good ☐ Fair ☐ Poor ☐ Variable

Support System

Current Living Situation: _____ **Support Persons Available: _____** **Support Services in Place: _____** **Barriers to Support: _____**

Assessment

Current Diagnoses: 1. _____ 2. _____ 3. _____

Clinical Formulation of Current Status:

Safety Plan Review/Update

Warning Signs: _____ **Internal Coping Strategies: _____** **Social Contacts for Distraction: _____** **Family/Friends to Ask for Help: _____** **Professionals/ Agencies to Contact: _____** **Making Environment Safe: _____** **Reasons for Living: _____**

Safety Plan Status: ☐ Reviewed ☐ Updated ☐ New plan created ☐ N/A

Plan

Treatment Modifications: ☐ Medication changes: _____ ☐ Therapy approach changes: _____ ☐ **Level of care changes: _____**

Additional Interventions: ☐ Safety planning ☐ Family/support involvement ☐ Case management ☐ Substance use treatment ☐ Other: _____

Coordination of Care: ☐ Contact with other providers: _____ ☐ Referrals made: _____

Follow-up Plan: ☐ Next appointment: Date: ___ **Time:** __ ☐ **Frequency:** ☐ **Multiple times/week** ☐ **Weekly** ☐ **Biweekly** ☐ **Other:** ___ ☐ Check-in calls: _____ ☐ **Crisis resources reviewed:** _____

Contingency Plan:

Provider Signature: _____ **Date:** __ **Credentials:** _____ **License #:** _____

Web Implementation Notes

This form should be implemented with: - Risk assessment prominently displayed at top with visual indicators - Safety planning section with interactive elements - Crisis resources with click-to-call functionality - Hospitalization decision support tool - Risk level calculation and visual indicator - Automatic safety plan generation - Emergency contact quick access - Documentation timestamp features - Mobile-responsive design optimized for urgent use - PDF export functionality - Save/load capability - Integration with crisis hotline information - Geolocation-based emergency services finder