

CRISIS FOLLOW-UP SESSION NOTE

Client: _____ Date: _____

Session #: _____ Duration: _____ Type: ☐ In-person ☐ Telehealth ☐ Phone

Crisis Date: _____ Days Since Crisis: _____

Therapist: _____ Next Appointment: _____

CRISIS RECAP

Nature of Crisis: ☐ Suicide attempt ☐ Suicidal ideation with plan ☐ Self-harm ☐ Psychotic episode ☐ Panic attack ☐ Substance overdose ☐ Domestic violence ☐ Trauma exposure ☐ Severe depression ☐ Manic episode ☐ Other: _____

Crisis Interventions Used: ☐ Safety planning ☐ Emergency contacts ☐ Hospitalization ☐ Crisis line ☐ Emergency services ☐ Medication adjustment ☐ Family involvement ☐ Other: _____

Outcome of Crisis: ☐ Resolved ☐ Stabilized ☐ Ongoing concerns ☐ Escalated

CURRENT SAFETY ASSESSMENT

Suicidal Ideation: ☐ None ☐ Passive ("wish I were dead") ☐ Active without plan ☐ Active with plan ☐ Intent to act

If present: Frequency: ☐ Rare ☐ Daily ☐ Constant **Intensity (1-10):** _____ **Duration:** _____
Plan details: _____ **Means available:** _____ **Intent to act:** ☐ None ☐ Low ☐ Moderate ☐ High

Self-Harm Behaviors: ☐ None ☐ Thoughts ☐ Urges ☐ Recent behavior (within 24 hours) **Method:** _____ **Frequency:** _____

Risk to Others: ☐ None ☐ Thoughts ☐ Threats ☐ Plan ☐ Recent behavior **Details:**

Protective Factors: ☐ Family support ☐ Pets ☐ Religious beliefs ☐ Future goals ☐ Treatment ☐ Fear of death ☐ Responsibility to others ☐ Hope for future ☐ Other:

Risk Factors: ☐ Isolation ☐ Substance use ☐ Hopelessness ☐ Impulsivity ☐ Access to means ☐ Recent loss ☐ Chronic illness ☐ Financial stress ☐ Legal problems ☐ Relationship conflict ☐ Other: _____

Overall Risk Level: ☐ Low ☐ Moderate ☐ High ☐ Imminent

CURRENT MENTAL STATUS

Appearance: ☐ Well-groomed ☐ Disheveled ☐ Appropriate dress ☐ Poor hygiene ☐ Signs of self-harm ☐ Other: _____

Behavior: ☐ Cooperative ☐ Agitated ☐ Withdrawn ☐ Restless ☐ Hyperactive ☐ Psychomotor retardation ☐ Other: _____

Mood: _____

Affect: ☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Labile ☐ Flat ☐ Inappropriate ☐ Congruent ☐ Incongruent

Speech: ☐ Normal ☐ Rapid ☐ Slow ☐ Pressured ☐ Quiet ☐ Loud

Thought Process: ☐ Linear ☐ Tangential ☐ Circumstantial ☐ Flight of ideas ☐ Disorganized

Thought Content: ☐ Normal ☐ Obsessions ☐ Delusions ☐ Paranoid ideation ☐ Grandiosity ☐ Ideas of reference ☐ Other: _____

Perceptual Disturbances: ☐ None ☐ Auditory hallucinations ☐ Visual hallucinations ☐ Other: _____

Cognitive Function: ☐ Alert ☐ Oriented x3 ☐ Memory intact ☐ Concentration intact ☐ Disoriented ☐ Memory impaired ☐ Concentration impaired

Insight: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Absent

Judgment: ☐ Good ☐ Fair ☐ Poor ☐ Severely impaired

CRISIS RECOVERY ASSESSMENT

Sleep Since Crisis: ☐ Normal ☐ Difficulty falling asleep ☐ Frequent waking ☐ Nightmares ☐ Too much sleep ☐ Too little sleep

Appetite Since Crisis: ☐ Normal ☐ Decreased ☐ Increased ☐ No appetite ☐ Overeating

Energy Level: ☐ Normal ☐ Low ☐ Very low ☐ Fluctuating ☐ Manic

Concentration: ☐ Normal ☐ Mild difficulty ☐ Moderate difficulty ☐ Severe difficulty

Social Functioning: ☐ Normal ☐ Withdrawn ☐ Avoiding others ☐ Seeking support ☐ Clingy

Work/School Functioning: ☐ Normal ☐ Decreased performance ☐ Absent ☐ Unable to function

SUPPORT SYSTEM RESPONSE

Family/Friends Response: ☐ Very supportive ☐ Supportive ☐ Neutral ☐ Unsupportive ☐ Harmful **Details:** _____

Professional Support: ☐ Psychiatrist ☐ Primary care ☐ Case manager ☐ Crisis team ☐ Hospital staff ☐ Other: _____

Community Resources Activated: ☐ Crisis hotline ☐ Mobile crisis ☐ Peer support ☐ Support groups ☐ Religious community ☐ Other: _____

Barriers to Support: ☐ None ☐ Shame/stigma ☐ Geographic ☐ Financial ☐ Transportation ☐ Language ☐ Cultural ☐ Other: _____

MEDICATION REVIEW

Medication Changes Since Crisis: ☐ None ☐ Dose increase ☐ Dose decrease ☐ New medication ☐ Discontinued **Details:** _____

Medication Compliance: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Refusing medication

Side Effects: ☐ None ☐ Mild ☐ Moderate ☐ Severe **Details:** _____

Psychiatric Consultation: ☐ Not needed ☐ Scheduled ☐ Completed ☐ Urgent referral needed

SAFETY PLANNING

Current Safety Plan: ☐ Reviewed existing plan ☐ Updated plan ☐ Created new plan

Warning Signs Identified: 1. _____ 2. _____ 3. _____

Coping Strategies: 1. _____ 2. _____ 3. _____

Support Contacts: Name: __ Phone: _ Relationship: Name: __ Phone: _ Relationship:

Professional Contacts: Therapist: __ Phone: ___ Psychiatrist: __ Phone: _____ Crisis Line: ___ Emergency: _____

Environmental Safety: ☐ Means restriction completed ☐ Family aware of plan ☐ Medications secured ☐ Weapons removed ☐ Other safety measures: _____

SESSION INTERVENTIONS

Crisis Debriefing: ☐ Processed crisis event ☐ Identified triggers ☐ Explored feelings ☐ Normalized crisis response ☐ Other: _____

Therapeutic Interventions: ☐ Cognitive restructuring ☐ Grounding techniques ☐ Breathing exercises ☐ Mindfulness ☐ Distress tolerance skills ☐ Problem-solving ☐ Psychoeducation ☐ Other: _____

Client Response: ☐ Very engaged ☐ Engaged ☐ Somewhat engaged ☐ Resistant ☐ Overwhelmed

Therapeutic Relationship: ☐ Strengthened ☐ Maintained ☐ Strained ☐ Ruptured

IMMEDIATE PLAN

Session Frequency: ☐ Daily check-ins ☐ Every other day ☐ Twice weekly ☐ Weekly ☐ As needed ☐ Other: _____

Between-Session Contact: ☐ Phone check-ins ☐ Text reminders ☐ Email ☐ Family updates ☐ Crisis line ☐ Other: _____

Homework/Tasks: 1. _____ 2. _____ 3. _____

Referrals/Coordination: ☐ Psychiatry ☐ Medical ☐ Case management ☐ Intensive outpatient ☐ Partial hospitalization ☐ Support groups ☐ Other: ____

HOSPITALIZATION ASSESSMENT

Current Need for Hospitalization: ☐ Not indicated ☐ Consider if worsens ☐ Voluntary recommended ☐ Involuntary needed

Factors Supporting Outpatient Treatment: ☐ Decreased risk ☐ Strong support ☐ Good insight ☐ Treatment compliance ☐ Safety plan in place ☐ Other: _____

Factors Supporting Hospitalization: ☐ High risk ☐ Poor support ☐ Lack of insight ☐ Non-compliance ☐ Means available ☐ Other: _____

PROGNOSIS AND PLANNING

Short-term Prognosis (1 week): ☐ Excellent ☐ Good ☐ Fair ☐ Guarded ☐ Poor

Factors Affecting Recovery: Positive: _____ Negative: _____

Treatment Modifications: ☐ Increase frequency ☐ Add group therapy ☐ Family involvement ☐ Intensive services ☐ Medication changes ☐ Other: _____

Crisis Prevention: ☐ Trigger identification ☐ Early warning system ☐ Coping skill practice ☐ Support system strengthening ☐ Environmental changes

FOLLOW-UP REQUIREMENTS

Next Appointment: _____

Emergency Plan: ☐ Call therapist ☐ Crisis hotline ☐ Emergency room ☐ 911 ☐ Family contact ☐ Other: _____

Documentation Needs: ☐ Crisis report ☐ Safety plan copy ☐ Treatment plan update ☐ Insurance notification ☐ Coordination notes ☐ Other: _____

Quality Assurance: ☐ Supervisor consultation ☐ Peer review ☐ Case conference ☐ Risk management ☐ Other: _____

THERAPIST NOTES

Clinical Impressions:

Countertransference/Reactions:

Consultation Needs: ☐ None ☐ Supervisor ☐ Psychiatrist ☐ Risk management ☐ Legal ☐ Other: _____

Lessons Learned:

Therapist Signature: _____ **Date:** _____

License #: __ **Credentials:** __

Supervisor Review: ☐ Required ☐ Completed **Date:** _____

CONFIDENTIAL - Crisis documentation protected by HIPAA Copy provided to client and emergency contacts as appropriate