

# CRISIS FOLLOW-UP SESSION NOTE

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Client: \_\_\_\_\_ Date: \_\_\_\_\_

Session #: \_\_\_\_\_ Duration: \_\_\_\_\_ Type:  In-person  Telehealth  Phone

Crisis Date: \_\_\_\_\_ Days Since Crisis: \_\_\_\_\_

Therapist: \_\_\_\_\_ Next Appointment: \_\_\_\_\_

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## CRISIS RECAP

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**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

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## CURRENT SAFETY ASSESSMENT

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**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

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## CURRENT MENTAL STATUS

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**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**Behavior:**  Cooperative  Agitated  Withdrawn  Restless  Hyperactive  Psychomotor retardation  Other: \_\_\_\_\_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

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## CRISIS RECOVERY ASSESSMENT

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**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

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## SUPPORT SYSTEM RESPONSE

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**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: \_\_\_\_\_

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## MEDICATION REVIEW

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**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

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## SAFETY PLANNING

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**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: \_\_\_\_\_

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## SESSION INTERVENTIONS

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**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

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## IMMEDIATE PLAN

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**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: \_\_\_\_\_

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## HOSPITALIZATION ASSESSMENT

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**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: \_\_\_\_\_

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## PROGNOSIS AND PLANNING

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**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

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## FOLLOW-UP REQUIREMENTS

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**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: \_\_\_\_\_

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## THERAPIST NOTES

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**Clinical Impressions:**

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**Countertransference/Reactions:**

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**Consultation Needs:**  None  Supervisor  Psychiatrist  Risk management  Legal  Other: \_\_\_\_\_

**Lessons Learned:**

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**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License #:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Supervisor Review:**  Required  Completed **Date:** \_\_\_\_\_

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