

UNIVERSITY HEALTH SERVICES BEHAVIORAL HEALTH CRISIS TRIAGE FORM

Date _____ Time _____

Client Name _____

Age/Sex _____

Client's College or Workplace _____

Informant/Escort Name _____

Informant Phone _____

Please select/ circle yes "Y" or no "N" and see corresponding action for each item if circled yes.

			Action
Is the client's behavior consistent with suicidality, other harm to self or others or in any way bizarre?	yes	no	Activate campus police and UHS; await disposition by campus police
Is the client overtly sad, worried or nervous; crying, physically shaken?	yes	no	Activate UHS-verify clinician to evaluate/provide escort
Is there suspicion or report that the client may be using or under the influence of illicit substance(s) or alcohol but still physically functional?	yes	no	Activate UHS and inform UHS clinician of need for drug testing
Is there suspicion or report that client may be under the influence of unknown substance with decrease in physical function?	yes	no	Activate campus police and UHS/inform of need for drug testing/await disposition by campus police
Is there concern that the client will abscond?	yes	no	Activate campus police and UHS/provide escort
Will the client be escorted to UHS and will the escort remain on-site for the evaluation?	yes	no	Notify front desk staff and clinician on duty

Comments: _____
