

## CRISIS EVALUATION PROGRESS NOTE

Date: _____	Practitioner Face-to-Face/Other Time* (Hrs:Mins): _____
Procedure Code: _____	Co-Practitioner FTF/Other Time* (Hrs/Mins): _____
Language Service Was Provided In: _____	Co-Practitioner 2 FTF/Other Time* (Hrs/Mins): _____
<small>* All travel and documentation time must be recorded as "Other"</small>	
Special Circumstances: <input type="checkbox"/> Involuntary Hold <input type="checkbox"/> Abuse Report <input type="checkbox"/> Tarasoff <input type="checkbox"/> Critical Incident Report Filed <input type="checkbox"/> Emergency Medication Service	

**Reason for Referral/ Presenting Problem** (include who was involved in the crisis, current symptoms/behaviors/observations, duration and frequency)


**Mental Health History**


**Medications Prescribed/Taken and Relevant Medical Information**


**Relevant Substance Use Information**


**Relevant Psychosocial History** (e.g. Living Situation, Employment, Education, Legal History)


<small>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.</small>	<table style="width: 100%;"><tr><td style="width: 50%;">Name:</td><td style="width: 50%;">DMH ID#:</td></tr><tr><td>Agency:</td><td>Provider #:</td></tr><tr><td colspan="2" style="text-align: center;"><b>Los Angeles County – Department of Mental Health</b></td></tr></table>	Name:	DMH ID#:	Agency:	Provider #:	<b>Los Angeles County – Department of Mental Health</b>	
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Was the Risk Evaluation Tool completed?  Yes  No (If no, be sure to document risk factors assessed and the MSE below)

Was the Suicide Risk Assessment completed?  Yes  No

Was the Diagnosis form updated and/or completed?  Yes  No (If No, the diagnosis for the client remains the same)

**Risk Formulation/Summary of the Risk Evaluation/MSE, 5150/5585 Disposition and Rationale**


**Safety and Follow-Up Plan**


**Progress Note Text** (include other pertinent details and interventions provided)


Continued (Sign & complete claim information on last page of note.)

\_\_\_\_\_  
Signature & Discipline

\_\_\_\_\_  
Co-signature & Discipline

\_\_\_\_\_  
Co-Practitioner Signature & Discipline

\_\_\_\_\_  
Co-Practitioner Signature & Discipline

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