**BASICS ESPERANZA PROS PROGRAM**

***High Risk Supervisor and Clinician Tracking Case Report***

***Patient name: \_\_\_\_\_\_\_\_\_\_ DOA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_***

***Treating Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treating Psychiatrist: \_\_\_\_\_\_\_\_\_\_\_\_***

***Last MD appt: \_\_\_\_\_\_\_\_\_\_\_\_ DSM 5: \_\_\_\_\_\_\_\_\_\_ Frequency of Treatment: \_\_\_\_\_\_\_***

 ***Date Last Seen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Estimate Risk Level Using Criteria Below: Low Med x High***

 *Homicidally or Violence (active thoughts, threats, plans, means, duty to warn) – WITHIN 180 DAYS*

 *Suicidal (active thoughts of self harm, plans, means) – WITHIN 180 DAYS*

 *Psychiatric Hospitalization (inpatient medical/behavioral) – WITHIN 180 DAYS*

 *Conviction for Sexual Offender*

 *History of aggressive violent behavior – WITHIN 90 DAYS*

 *Substance abuse crisis*

 *AOT*

 *ACS*

 *Clozaryl*

*Other Risk related history*



***The following steps were taken to ensure appropriate care coordination and follow-up:***

 *Reviewed session notes Spoke to clinician*

 *Schedule psychiatric evaluation Spoke to psychiatric provider*

 *Referred to case management Recommended AOT order*

 *Contacted mobile crisis team Contacted ACS:*

 *Request for care coordination*

***Chart Review***

 *Safety Plan- Columbia Suicide Assessment Mental Status Exam*

 *Current Psychiatric Evaluation Current TPR*

 *Current Physical/Health Assessment*

***Treatment Recommendations:***

***Reporting Clinician Signature: Date:***

***Reporting Clinical Supervisor: Date:***