**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:***