## **Salish Regional Crisis Alert**

To provide the Salish Regional Crisis Line with essential clinical and safety information during a time-limited crisis period (*expires in 10 days, unless otherwise indicated*) for an individual needing crisis support. Please complete all required and applicable fields.

## Please Fax to the Salish Reginal Crisis Line at 425-259-3073

**PLEASE NOTE:** This is information that will be sent to the Salish Regional Crisis Line. You may also call directly the Salish Regional Crisis Line at 1-888-910-0416 to submit a Crisis Alert Notification over the phone.

Date of Alert*							
Completed by (Individual completing	form.)						
First Name*  Relationship/Role*  Relationship or role to the individual needing crisis support.		Last Name*					
		Provider/Agency Name  If Health Professional was chosen in Relationship/Role, please indicate provider/agency name.					
							Contact Phone Number
Individual Needing Crisis Suppor	t Only	1 individual per form	•				
First Name*	I.I. Last N	lame*		Date of Birth*			
Home Phone Mobile Phone*	Conta	act Phone					
Either home, mobile, or a contact phone number is requir	ed. If no phone co	ntact is available, enter 111-11	1111.				
Address*		City*		State Zip Code*			
				WA			
Current Crisis Situation(s) Prompting Ale	t*						
Include current safety risk, potential cause(s) o	of crisis, conte	xt to crisis, pertinent histo	ry.				
Current Crisis Intervention & Safety Plan	k						

What do you want Salish Regional Crisis Line staff to do? Include clinical "dos and don'ts" to assist this individual through this crisis. What will be most helpful in supporting and maintaining safety for this individual? Information should be current and within last 30 days. Example: Remind individual to use their DBT skills, keep their appointments, specific skills, activities, or natural supports that will help during this crisis alert, etc.

## Please indicate if any of the following apply currently:

Has individual reported or behaved	Suicidal	Homicidal	Assaultive in last 72 hours?			
Specific Current Plan of Harm to Self?	Yes	No	N/A			
If YES, detail in "Current Crisis Situation Prompt	ing Alert" above.					
Was a Suicide Attempt Made?	Yes	No	N/A			
If YES, please provide date of Suicide Attempt						
Safety Plan Completed?	Yes	No	N/A			
If YES, provide detail and duration in "Current Crisis Intervention & Safety Plan" above.						
History of Suicidal Behaviors/Attempt or Harm to	Others? Yes	No	N/A			
Risk to other(s) or Property?	Yes	No	N/A			
If YES, please indicate Last Victim(s) or Property, if it is known.						
Any current safety issues regarding home visits?	Yes	No				
If YES, indicate any current safety issues regard	ing home visits.					
Current known substance use issues?	Yes	No				
<b>Current Medications?</b>	Yes	No	N/A			
Medication Prescriber or Provider	Yes	No	Unknown			
Please indicate medication prescriber or provide	er, if known. If unknow	n, may leave blank	k.			
Currently on Least Restrictive Order (LRO)?	Yes	No	Unknown			
Special Needs?						

e.g. interpreter, hearing impaired, physical disability, intellectual disability, etc.

Please Fax to the Salish Reginal Crisis Line at 425-259-3073.

If you have additional documents to support the Salish Regional Crisis Alert, please include in fax.