

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 Regional 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* _____ Last Name* _____

Relationship/Role* _____ Provider/Agency Name _____

Relationship or role to the individual needing crisis support.

If Health Professional was chosen in Relationship/Role, please indicate provider/agency name.

Contact Phone Number _____ *In case we have questions.*

Individual Needing Crisis Support *Only 1 individual per form.*

First Name* _____ M.I. _____ Last Name* _____ Date of Birth* _____

Home Phone _____ Mobile Phone* _____ Contact Phone _____

Either home, mobile, or a contact phone number is required. If no phone contact is available, enter 111-11-1111.

Address* _____ City* _____ State _____ Zip Code* _____

WA _____

Current Crisis Situation(s) Prompting Alert*

Include current safety risk, potential cause(s) of crisis, context to crisis, pertinent history.

Current Crisis Intervention & Safety Plan*

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.

