

MOBILE CRISIS UNIT DATA FORM

RHRJ Facility
 LE Activation, Agency: _____
 CSB Follow-up Request
 Other _____

Consumer Information	Last Name: _____ First Name: _____ MI: _____ Social Security Number: _____ - _____ - _____ CSB Client ID: _____ Date of Birth: ____/____/____/____ Race: _____ Sex: M____ F____ Address: _____ _____ Phone: _____		
Date/Time of Complaint	____/____/____/____ MM DD YY ____:____ AM / PM	____/____/____/____ MM DD YY ____:____ AM / PM	Total Time on Complaint: _____
Transfer of Custody	Transfer of Custody? Y / N	Date of Transfer: ____/____/____/____ MM DD YY	Time of Transfer: ____:____ AM / PM
Magistrate Involvement	Y / N Description: _____		
Disposition on Site	____ Booked into Jail ____ Released ____ ECO ____ Other: _____		
Nature of Crisis/Problem	_____		
Injuries	<input type="checkbox"/> None <input type="checkbox"/> Officer <input type="checkbox"/> Individuals	<input type="checkbox"/> No injuries occurred after the Consumer was contacted by LEO <input type="checkbox"/> The only injuries after contact with the Consumer were to LEO <input type="checkbox"/> Any subject or bystander	
Final Disposition SELECT ONLY ONE	<input type="checkbox"/> No further treatment required/Left on site <input type="checkbox"/> Referred/ taken to voluntary community treatment; Specify: _____ <input type="checkbox"/> Voluntary hospitalization <input type="checkbox"/> TDO <input type="checkbox"/> Medical admission <input type="checkbox"/> Arrest <input type="checkbox"/> Other		
Referral Issued	Yes ____ No ____		
Jail Diversion?	Yes ____ No ____		
Mileage: Beginning: _____ Ending: _____ TOTAL: _____			
Documented consultation with all parties involved: _____ _____			
Notes: _____ _____			

Law Enforcement Officer: _____

Prescreener: _____

DRAFT