Virginia Department of Behavioral Health & Developmental Services

Crisis Assessment

CLINICIAN INFORMATION			
Name:		Credentials:	
Phone #:		Organization:	

CONSUMER/MEMBER INFORMATION									
First Name:				Last Name:					
DOB:		Gender:	☐ Female	☐ Non-Binary	☐ Intersex	☐ Prefer not to say			
			☐ Male	☐ Transgender	☐ Other:				
Parent/Third Party Name (if applicable):					Contact Information:				

GENERAL ASSESSMENT					
Date:		Start Time:	PM	End Time:	PM

ALL PROVIDERS MUST COMPLETE SECTION 1A/1B (AND SECTION 3 IF APPLICABLE):

SECTION 1A: CRISIS ASSESSMENT		
Service, health, and safety needs of the individual		
☐	Any current or past diagnosis?:	☐Intellectual Disability ☐Developmental Disability ☐Other:
☐	Any current or past substance use or dependence and risk for intoxication or substance withdrawal, and co-occurring mental illness or developmental disability?	
☐	Current risk of harm, including elements that may make an individual a danger to self or others:	
☐	Current cognitive functional status/ ability to protect from harm and provide for basic human needs:	
☐	Any precipitating issues/recent stressors:	
☐	Presenting needs, stated needs, psychiatric needs, support needs, and the onset and duration of needs:	
☐	Physical reaction to presenting crisis:	☐Issues with sleep ☐Issues with appetite ☐ Issues with daily activities ☐Other:
☐	Housing arrangements/ living situation:	
☐	History of trauma:	☐Physical abuse ☐ Sexual abuse ☐ Natural Disaster

		☐ Crime Victim ☐ PTSD ☐Lost someone to Suicide ☐ Pandemic ☐Other:
☐	Current medical issues and symptoms:	
☐	Current medications and recent changes in medications:	
☐	Barriers that may impact treatment (mood, willingness, transportation, etc.):	
☐	Recovery environment and circle of support:	
☐	Communication modality/language preference:	☐Deaf/hard of hearing ☐English as Second Language ☐Translations required?:

Mood *(Check all that apply)*:			
☐	Feeling depressed	☐	Feeling hopeless and helpless
☐	Experiencing anxiety/panic	☐	Feeling irritable/agitated
☐	Other:		

Behaviors *(Check all that apply):*					
☐	Impulsivity	☐	Careless Risky Behaviors	☐	Intoxication (Alcohol or Drugs)
☐	Self-Injurious Behavior	☐	Verbal Aggression, Physical Aggression, or Destruction of Property		
☐	Other:				

SECTION 1B: PLAN				
Active Rescue (EMS to ER):				
Non-Emergency ER Referral				
Inpatient Psychiatric:	☐	Voluntary	☐	Involuntary
CSU/CTH:	☐	Voluntary	☐	Involuntary
Coordination of Care - Remain Home:				

NEW REFERRAL TO COMMUNITY-BASED SERVICES		
☐	REACH:	
☐	Opened to Community-Based Stabilization:	
☐	23-Hour Stabilization:	

☐	Resource Linkage:	
Ancillary Supports (211, etc.):		
Summary/Notes:		
Duration:		Billing Codes:

IF YOU ARE A CRISIS STABILIZATION UNIT OR A COMMUNITY-BASED CRISIS STABILIZATION PROVIDER DELIVERING SERVICES OTHER THAN MOBILE CRISIS, THEN YOU MUST ALSO COMPLETE SECTION 2 (AND SECTION 3 IF APPLICABLE):

SECTION 2: ADDITIONAL ASSESSMENT		
Relevant treatment and health history:		
☐	Past prescribed medications:	
☐	Hospitalizations for challenging behaviors/MI/SUD:	
☐	Other treatments for challenging behaviors/MI/SUD:	
☐	Allergies (food or medications):	
☐	Recent physical complaints or medical conditions:	
☐	Dietary and Nutritional needs:	
☐	Chronic conditions:	
☐	Communicable diseases:	
☐	Restrictions on physical activities:	
☐	Restrictive protocols or special supervision requirements:	
☐	Preferred interventions in the event behaviors or symptoms become a danger to self or others:	
☐	Contraindications to the use of seclusion, time	

	out, or any form of physical or mechanical restraint, including medical contraindications and history of trauma:	
☐	Past serious illnesses, serious injuries, and hospitalizations:	
☐	Serious illness/chronic conditions of individual's parents, siblings, and significant others in the same household:	
☐	Other interventions and outcomes, including those that were not that were not successful (If possible, utilize previous assessments to note these interventions):	
☐	Current or previous involvement in systems (legal, adult protective services, child protective services):	

SECTION 3: IF APPLICABLE TO THE INDIVIDUAL'S CRISIS		
☐	Any social, behavioral, developmental, and family history and supports:	
☐	Employment, vocational, and educational background:	
☐	Cultural and heritage considerations:	
☐	Financial stressors, if applicable:	