## **Mental Health Crisis Case Note**

Date/Time of Contact
Client Name / ID
Location / Setting
Presenting Problem / Reason for Crisis Call
Description of Crisis Situation
Risk Assessment (Suicidal/Homicidal/Other)
Interventions Used
Client's Response to Interventions
Safety Plan/Recommendations
Follow-Up/Next Steps

Clinician Nam	<del></del>			
upervisor Co	onsultation (if a	applicable)		