

# 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: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ *In case we have questions.*

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

First Name\*: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

*Please indicate at least 1.\** Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State: WA Zip Code\*: \_\_\_\_\_

**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.*

**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     Not Applicable

*If YES, detail in "Current Crisis Situation Prompting Alert" above.*

**Was a Suicide Attempt Made?**     Yes     No     N/A

***If YES, Suicide Attempt Timeframe:*** \_\_\_\_\_

**Safety Plan Completed?**     Yes     No     Not Applicable    *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.*

**List other(s) or Property:** \_\_\_\_\_

**Any current safety issues regarding home visits?**     Yes     No     N/A    *If YES, indicate any current safety issues regarding home visits.*

**Current known substance use issues?**     Yes     No     N/A

**Current Medications?**     Yes     No     N/A    *Please indicate medication prescriber, if it is known.*

***Medication Prescriber or Provider:*** \_\_\_\_\_ *If unknown, may leave blank.*

**Currently on Least Restrictive Order (LRO)?**     Yes     No     Not Applicable

**Special Needs?** \_\_\_\_\_ *e.g. interpreter, hearing impaired, physical disability, intellectual disability, etc.*

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