Date Click or tap to enter a date.Time of RequestClick or tap here to enter text.Location Code Click or tap here to enter text.Service CodeClick or tap here to enter text.

Contact was: Face to face[ ] Telephone[ ]  Contact Start Time: Click or tap here to enter text.am/pm

Contact End Time: Click or tap here to enter text. am/pm Date of Birth Click or tap here to enter text. Age Click or tap here to enter text.

Name Click or tap here to enter text. Case# Click or tap here to enter text. Place of Contact Click or tap here to enter text.

### CMH CSM/Therapist Name: Click or tap here to enter text. Psychotropic Meds prescribed by: Click or tap here to enter text.

### Current Meds and Dosage: Click or tap here to enter text.

**Assessment/ Precipitating Factors/ Intervention/Plan/Disposition:**Click or tap here to enter text.

Cc: Original to Hospital Liaison, then to chart.

**Signature**Click or tap here to enter text. **Credentials**Click or tap here to enter text. **Date**Click or tap to enter a date.

**Reviewed by:** Click or tap here to enter text.