

SOC Record of Consultation

Initial Call	Date: _____	Time of 1st call to SOC: _____
	Client's Name: _____	Client's DOB: _____
	Origin of the call to CCRT: _____	
	CCRT Field Staff: _____	
	CCRT Field Staff Location: _____	
	CCRT Staff Person on the Phone: _____	
Second Call	CCRT Staff Person on the Phone: _____	Time of Call: _____
	Description of Situation: _____	

	SOC Recommendation: _____	

Third Call	CCRT Staff Person on the Phone: _____	Time of Call: _____
	Description of Situation: _____	

	SOC Recommendation: _____	

Disposition	CCRT Staff Person on the Phone: _____	Time staff left the scene: _____
	Disposition of Client/Incident: _____	

	If incident continued to the next shift:	
	Incident handed off to SOC: _____	Time incident handed off: _____

Signature of Initiating SOC: _____ Date: _____