CISD FORM 10/13/18

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| Clinician: |  |
| Contact Person: |  |
| Date of crisis (mm/dd/yyyy): |  |
| Date of crisis response (mm/dd/yyyy): |  |
| Total time spent - direct service (in hours): |  |
| Total Time spent - admin/prep (in hours): |  |
| Institution (JHH(S)/JHU/BMC): | Choose an item. |
| Affiliation (Faculty/Staff/Student): | Choose an item. |
| Division (see drop down list) | Choose an item. |
| Approximate # of individuals involved/impacted: |  |
| Approximate # of individuals involved/impacted: |  |
| # of on-site 1:1 crisis response sessions[1] (Y/N): |  |
| Follow-up recommended or needed by point person? (Y/N): | Choose an item. |
| Follow-up facilitated meeting scheduled? (Y/N); | Choose an item. |
| If yes, when? (mm/dd/yyyy): |  |
| Nature of crisis (2 sentences or less): |  |

[1] # of consults/planning conversations/email is defined as an instance where a clinician communicated with the impacted manager to discuss the situation before proceeding into group meetings/interventions.