Critical Incident Stress Debriefing – CISD Report for Log

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| · Clinician: |  |
| · 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 (JHU/JHMI): | Choose an item. |
| · Affiliation (student, staff, etc): | Choose an item. |
| · Division: | Choose an item. |
| · Contact person: |  |
| · Approximate # of individuals involved/impacted: |  |
| · # of on-site 1:1 crisis response sessions[1]: |  |
| · Follow-up recommended or needed by point person? (Y/N): |  |
| · Follow-up facilitated meeting scheduled? (Y/N); |  |
| · If yes, when? (mm/dd/yyyy): |  |
| · Nature of crisis (2 sentences or less): |  |