

OAKWOOD BEHAVIORAL HEALTH

Daily Patient Risk Screening Report

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Executive Summary

Risk Level	Count	Percentage	Status
HIGH RISK	5	50.0%	IMMEDIATE ATTENTION
MEDIUM RISK	3	30.0%	FOLLOW-UP 48-72 HRS
LOW RISK	2	20.0%	ROUTINE MONITORING
TOTAL	10	100%	

Patient Details

HIGH - Johnson Sarah (ID: P001)

Case Manager:	Maria Garcia	Diagnosis:	Major Depressive Disorder
Last Appointment:	2026-01-15	Missed Appointments:	3
Med Adherence:	45%	Crisis Calls (30d):	4

Primary Factor: Multiple crisis calls (4 in 30 days) combined with poor medication adherence

Recommended Action: Immediate contact for safety assessment and medication review within 24-48 hours

HIGH - Davis Robert (ID: P004)

Case Manager:	Maria Garcia	Diagnosis:	Major Depressive Disorder
Last Appointment:	2025-12-20	Missed Appointments:	4
Med Adherence:	25%	Crisis Calls (30d):	6

Primary Factor: Multiple crisis calls (6 in 30 days) with very poor medication adherence (25%)

Recommended Action: Immediate clinical intervention required. Schedule urgent appointment and medication review within 24-48 hours.

HIGH - Martinez Carlos (ID: P005)

Case Manager:	James Chen	Diagnosis:	PTSD
Last Appointment:	2026-02-01	Missed Appointments:	2
Med Adherence:	60%	Crisis Calls (30d):	2

Primary Factor: Low medication adherence (60%) combined with recent crisis calls

Recommended Action: Immediate case manager contact, medication review, and crisis intervention plan update

HIGH - Taylor James (ID: P007)

Case Manager:	Maria Garcia	Diagnosis:	Bipolar Disorder
Last Appointment:	2026-01-28	Missed Appointments:	2
Med Adherence:	50%	Crisis Calls (30d):	3

Primary Factor: Poor medication adherence (50%) combined with recent crisis calls

Recommended Action: Immediate contact within 24 hours, medication review, and consider intensive case management

HIGH - Jackson David (ID: P009)

Case Manager:	James Chen	Diagnosis:	Schizophrenia
Last Appointment:	2026-01-10	Missed Appointments:	5
Med Adherence:	20%	Crisis Calls (30d):	7

Primary Factor: Multiple crisis calls (7 in 30 days) with severe medication non-adherence

Recommended Action: Immediate clinical intervention required. Contact patient within 24 hours for crisis assessment.

MEDIUM - Brown Jennifer (ID: P003)

Case Manager:	James Chen	Diagnosis:	Bipolar Disorder
Last Appointment:	2026-02-05	Missed Appointments:	1
Med Adherence:	75%	Crisis Calls (30d):	1

Primary Factor: Suboptimal medication adherence (75%) with recent crisis call

Recommended Action: Schedule urgent follow-up within 1 week, review medication barriers, enhance crisis support plan

MEDIUM - Thomas Mary (ID: P008)

Case Manager:	Sarah Kim	Diagnosis:	Major Depressive Disorder
Last Appointment:	2026-02-07	Missed Appointments:	0
Med Adherence:	85%	Crisis Calls (30d):	0

Primary Factor: Medication adherence at 85% indicates potential treatment compliance issues

Recommended Action: Schedule follow-up to address medication barriers and monitor depressive symptoms closely

MEDIUM - White Patricia (ID: P010)

Case Manager:	Sarah Kim	Diagnosis:	Generalized Anxiety Disorder
Last Appointment:	2026-02-06	Missed Appointments:	1
Med Adherence:	80%	Crisis Calls (30d):	1

Primary Factor: Recent crisis call combined with missed appointment and suboptimal adherence

Recommended Action: Schedule follow-up within 1-2 weeks, review medication barriers, enhance crisis coping strategies

LOW - Williams Michael (ID: P002)

Case Manager:	Maria Garcia	Diagnosis:	Generalized Anxiety Disorder
Last Appointment:	2026-02-08	Missed Appointments:	0
Med Adherence:	95%	Crisis Calls (30d):	0

Primary Factor: Excellent adherence and attendance with stable anxiety disorder management

Recommended Action: Continue current treatment plan with routine follow-up scheduling

LOW - Anderson Lisa (ID: P006)

Case Manager:	Sarah Kim	Diagnosis:	Social Anxiety Disorder
Last Appointment:	2026-02-09	Missed Appointments:	0
Med Adherence:	90%	Crisis Calls (30d):	0

Primary Factor: Social Anxiety Disorder with excellent engagement and adherence

Recommended Action: Continue current treatment plan with routine follow-up scheduling
