

ICRS OUTREACH SAFETY SCREENING FOR DISPATCH

1.	Consumer name: _____ DOB: _____ Date: _____
2.	Physical Description of consumer:
3.	Is the consumer cooperative and willing to accept voluntary/outreach services?
4.	Has the consumer been using alcohol or drugs? If yes, indicate type, amount and time of use. (Then refer to the ETOH/Drug Flow Chart)
5.	Has anyone else at the site been using alcohol or drugs? If yes, indicate type, amount and time of use.
6.	Does the consumer have a hx of substance abuse?
7.	Is this consumer a potential risk to others? If yes, explain.
8.	Is there a hx of violence by the consumer?
9.	Are friends/family/others involved with this situation? Are they at the site or expected to be there within the next 4 hours?
10.	Do others at the site or who may be at the site within the next 4 hours, pose potential safety risks, i.e.: SI/ HI/ harm to others?
11.	Has Law Enforcement been to the site recently?
12.	Has anyone present (or could be present with in the next 4 hours) been arrested or incarcerated or have a restraining/protection order against them?
13.	Are there any weapons at this site? If the answer is yes, where are they, are they secured?
14.	If the weapons are present and unsecured, will the occupants consent to securing the weapons in a safe place?
15.	Medical conditions/complications? What type?
16.	Are there any cultural needs or need for a translator?
17.	Is it generally safe to go to the current location? Is there any additional information about the location that could be useful to the outreach staff?

18.	Is there a working phone at the location? Get phone number and call to verify that it is a working number and doesn't have a phone block.
	Triage Clinician signature and staff number <hr/>