

# POLICE MENTAL HEALTH APPREHENSION TEMPLATE



                                 

Officer & Detachment:		Incident #:		Date:	
Name of Subject:					
Type of dispatched call:					
Who contacted police:					
Location:					

*Check all boxes that apply*

APPEARANCE/BEHAVIOUR		
General	Hygiene	Activity
Cooperative/Polite <input type="checkbox"/>	Dirty <input type="checkbox"/>	Slow <input type="checkbox"/>
Rude <input type="checkbox"/>	Body Odour <input type="checkbox"/>	Agitated <input type="checkbox"/>
Maintains Eye Contact <input type="checkbox"/>	Malnourished <input type="checkbox"/>	Restless/Fidgety <input type="checkbox"/>
Proper Clothing <input type="checkbox"/>	Clean <input type="checkbox"/>	Abnormal movements <input type="checkbox"/>

THINKING			
Disorganized Thinking	Abnormal Speech	Odd Beliefs	Hallucinations
None <input type="checkbox"/>	Rapid <input type="checkbox"/>	Paranoid <input type="checkbox"/>	Voices <input type="checkbox"/>
Mild <input type="checkbox"/>	Loud/Swearing <input type="checkbox"/>	Grandiose <input type="checkbox"/>	Visions <input type="checkbox"/>
Moderate <input type="checkbox"/>	Few words <input type="checkbox"/>	Bizarre <input type="checkbox"/>	Abnormal sensations <input type="checkbox"/>
Severe <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

Describe Other:	

MOOD		
Sad <input type="checkbox"/>	Angry <input type="checkbox"/>	Anxious <input type="checkbox"/>
Happy <input type="checkbox"/>	Mood not appropriate for situation <input type="checkbox"/>	Flat <input type="checkbox"/>
Rapid change of mood <input type="checkbox"/>		

ORIENTATION (Ask and record responses)							
Day:		Month:		Year:		Location:	

DWELLING		
Food in fridge <input type="checkbox"/>	Rotten food <input type="checkbox"/>	Clean <input type="checkbox"/>
Dirty <input type="checkbox"/>	Disorganized <input type="checkbox"/>	Fire Hazard <input type="checkbox"/>

<b>COMMENTS:</b>
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**(Stays with Chart at Hospital)**

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**HOW DID POLICE BECOME INVOLVED:**


**ALCOHOL USE**

Admitted:  Suspected:

Comments/Quantity:

**DRUG USE**

Admitted:  Suspected:

Drug Type:	Cocaine: <input type="checkbox"/>	Marijuana: <input type="checkbox"/>	Other: <input type="text"/>
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**DANGER ISSUES:**

Active to Self	Active to Others	Passive to Self
Suicidal Thoughts <input type="checkbox"/>	Homicidal <input type="checkbox"/>	Poor Self Care <input type="checkbox"/>
Self Mutilation <input type="checkbox"/>	Aggressive <input type="checkbox"/>	Poor Judgement <input type="checkbox"/>
Suicidal Act <input type="checkbox"/>	Weapons Present <input type="checkbox"/>	Clothing inappropriate for weather <input type="checkbox"/>

**MEDICAL INFORMATION**

Family Doctor:		
Hospital associated with:		
Psychiatrist:		
Other Professional Agency:		
Are they taking medications:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Pharmacy name and number:		
Name of medication:		

**ACTION**

No action	<input type="checkbox"/>	
Follow up with Professional (name):	<input type="checkbox"/>	
Arrested/Charged	<input type="checkbox"/>	
Voluntary to Hospital	<input type="checkbox"/>	
MHA Section 17	<input type="checkbox"/>	
Form	<input type="checkbox"/>	

**(Stays with Chart at Hospital)**

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<b>IF CLIENT IS TAKEN TO HOSPITAL:</b>	
Taken to Hospital:	<input type="checkbox"/>
Doctor seen:	<input type="checkbox"/>
Arrested/Charged:	<input type="checkbox"/>
Admitted:	<input type="checkbox"/>
Discharged:	<input type="checkbox"/>
Left before decision made:	<input type="checkbox"/>
Total time at the hospital:	

INCIDENT NUMBER: \_\_\_\_\_

SUBJECT'S NAME: \_\_\_\_\_

OFFICER INVOLVED: \_\_\_\_\_

**MENTAL HEALTH CRISIS TEAM CONTACTED:**

PAGER                      1-877-307-9953 (10:00 a.m. to 8:00 p.m. daily)                       YES                       NO

VOICE MAIL                      613-732-3675 ext. 8116 (after hours leave message)                       YES                       NO

FAX                                      613-735-8238                                       YES                       NO

**(PLEASE SUBMIT PAGE 3 TO DEPUTY CHIEF/DETACHMENT COMMANDER)**