

S.A.F.E. ALTERNATIVES®

THERAPIST CONSULT

Patient name _____ Date _____

Therapist name _____ Phone number _____

What is your experience with this client?

What has been the course of therapy? What issues should the S.A.F.E. team focus on?

Why does this person need to be admitted to an inpatient setting?

Diagnosis: Axis I: Axis II: Axis III: Axis IV: Axis V:

Do you anticipate any problems with the client coming into the S.A.F.E. Program?

Has your client had Psychological testing? Yes ___ No ___ When _____

Level of suicide risk: High/Medium/Low

Will you work with our team while your client is here and continue with him/her whether or not he/she completes the program/discharge plan?