

# Bay Arenac Behavioral Health Emergency & Access Services (EAS) Telephonic Monitoring Log Sheet

**EAS Crisis Plan**

Individual has had phone or face-to-face contact with an ES Worker and has been diverted from hospitalization. Or a primary responsible worker or physician has requested this service.

**Presenting Problem:**

Person has agreed to the following conditions:

**Target Discharge Date:**

**Problem List:**

- 1.
- 2.
- 3.

<b>Person's Name:</b>	
<b>DOB:</b>	<b>Case Number:</b>
<b>Consumer Address (include any apartment Number):</b>	
<b>Consumer Phone Number:</b>	
<b>Emergency Number:</b>	
<b>First Call Due:</b>	<b>Initiated by:</b>

**Route Copies of Crisis Contacts to case holder and individuals listed on send to sheets.**

DATE	TIME	ES Worker	Call Outcome	Next Call Due
			<input type="checkbox"/> Crisis Contact Completed. See chart.	
			<input type="checkbox"/> Crisis Contact Completed. See chart.	
			<input type="checkbox"/> Crisis Contact Completed. See chart.	
			<input type="checkbox"/> Crisis Contact Completed. See chart.	
			<input type="checkbox"/> Crisis Contact Completed. See chart.	
			<input type="checkbox"/> Crisis Contact Completed. See chart.	
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