



CRISIS ENCOUNTERS REPORT FORM

Please fax to: Behavioral Health Unit Toll Free: 1.866.616.6255

Provider Name:	_____
Provider Address:	_____
Call Date:	_____
Member Name:	_____
Member ID #:	_____
Caller Name:	_____
Contact Phone #:	_____
Crisis Date:	_____
Crisis Time:	_____

DESCRIPTION AND OUTCOME OF EVENT:

Recorder Name: _____ Date: _____

FOLLOW-UP NOTES:

REVIEWED 08/23/2018