



# At Risk Alert for *After-hours Counsellor*

Optum Counsellor:	Date:												
Counsellor's Phone No.:	Region:												
Submission Date:	Deletion Date:												
<b>Reason For Alert</b>													
<p><b>Check all that apply.</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Client is Suicidal</td> <td><input type="checkbox"/> FYI: Client status report</td> <td><input type="checkbox"/> Client is a frequent caller</td> </tr> <tr> <td><input type="checkbox"/> Client is homicidal/violent</td> <td><input type="checkbox"/> To update prior alert</td> <td><input type="checkbox"/> Limit number of calls</td> </tr> <tr> <td><input type="checkbox"/> Client demographics needed</td> <td><input type="checkbox"/> Client in Special Program</td> <td><input type="checkbox"/> Limit call duration</td> </tr> <tr> <td><input type="checkbox"/> Specific intervention needed</td> <td><input type="checkbox"/> Provide referral/appt. info</td> <td></td> </tr> </table>		<input type="checkbox"/> Client is Suicidal	<input type="checkbox"/> FYI: Client status report	<input type="checkbox"/> Client is a frequent caller	<input type="checkbox"/> Client is homicidal/violent	<input type="checkbox"/> To update prior alert	<input type="checkbox"/> Limit number of calls	<input type="checkbox"/> Client demographics needed	<input type="checkbox"/> Client in Special Program	<input type="checkbox"/> Limit call duration	<input type="checkbox"/> Specific intervention needed	<input type="checkbox"/> Provide referral/appt. info	
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<b>Client Identification Section</b>													
Client First & Last Name:													
Street Address, Apt. Number; City, State, Zip Code:													
Home Phone:													
Work Phone (if applicable):													
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female												
Date of Birth (or Age):													
Client's Counsellor or Case Manager (if applicable):													
Employer (if applicable):													
Special Program Participant (if applicable):													
If yes, Program Name and instructions as appropriate:													
<b>Situation Description Section</b>													
<p>If applicable, include:</p> <ul style="list-style-type: none"> <li>▪ Information about suicide or violence potential (describe history, weapon access, etc.)</li> <li>▪ Other information such as mental health diagnosis, recent hospitalization, medication, drug/alcohol issues, health condition, living situation, etc.</li> </ul>													
<b>Telephone Intervention Description Section</b>													
<p>ProtoCall's standard telephone intervention procedures include crisis assessment and stabilization.</p> <p>Describe additional desired interventions such as: limiting number or duration of calls, redirecting client to own clinician or self-care plan, referring to specific facility, contacting on-call, providing specific referral or other information, etc.</p>													

**Fax completed form to Optum – Burnaby: (604) 432-1555**

**After 5:30 pm weekdays; after 4:00 pm Saturdays; and full day Sundays & Stat. Holidays, PLEASE ALSO CALL ProtoCall; our after-hours services at 1-877-572-6458 to provide verbal notification of this Risk Alert. Our Account No. with ProtoCall is 458.**