

# Crisis Intervention Assessment Form

*Instructions: Complete this assessment form to evaluate immediate safety risks and establish a crisis response plan. This form is designed for print and manual completion.*

## 1. Client Information

Client Full Name:

Date of Birth:

Date of Assessment:

Time of Assessment:

Contact Phone Number:

Emergency Contact Person & Relationship:

Emergency Contact Phone Number:

## 2. Presenting Crisis & Triggers

Describe the immediate crisis event (What brought the client in today?):

Identify immediate triggers or stressors (e.g., loss, trauma, conflict):

Duration of current crisis state (Hours, Days, Weeks):

## 3. Safety and Risk Assessment

Suicidal Ideation (State "Yes", "No", or "Suspected" and provide details):

Suicide Plan, Means, and Access (If yes, describe means, intent, and timeframe):

Homicidal Ideation / Risk to Others (State "Yes", "No", or "Suspected" and target details):

History of Self-Harm or Previous Attempts (Describe method and frequency):

Substance Use (Identify substances used recently and impact on current crisis):

## 4. Mental Status and Clinical Observations

General Appearance and Behavior (e.g., agitated, disheveled, cooperative):

Affect and Mood (e.g., depressed, anxious, flat, labile):

Thought Content and Process (e.g., delusional, disorganized, coherent):

## 5. Coping Resources and Support Systems

Internal Coping Strategies (What has helped the client manage distress in the past?):

External Support Systems (Family, friends, community resources available now):

## 6. Crisis Intervention Plan

Immediate Safety Plan Actions (Steps the client agrees to take to stay safe):

Referrals Made (e.g., medical, psychiatric, shelter, outpatient therapy):

Follow-Up Plan (Who will contact the client, when, and how?):

## 7. Assessor Verification

Assessor Name and Title:

Assessor Signature:

Date Signed: