



Clinical On Call Sheet

Resident's Name: _____ Staff Calling Name: _____

Date: _____ Time: _____

Manager Contacted: _____

Permission Given to Call Clinical?: Yes No Name of Clinician Reached: _____

Reason for Call: Suicide Threat Self Harm Aggression with CPI Police Contact

Elopement Unable to Successfully Deescalate Resident Deescalate

Permission to Conduct Health and Safety Room Search Other (explain below):

Action Directed/Guidance Given:
