# PUBLIC SAFETY COMMUNICATION FORM

**Name:** _____

**D.O.B:** _____

❑ Male ❑ Female ❑ Transgender

❑ Section 12 ❑ Voluntary

**Living Situation:**

❑ Own home ❑ Friend/family ❑ Homeless

❑ Shelter ❑ Group home

**State of home:**

❑ Neat ❑ Average ❑ Messy

❑ Vandalized ❑ Hoarding ❑ Uninhabitable

**Behavioral Issue:**

❑ Suicide attempt
❑ Suicidal thoughts
❑ Homocidal thoughts
❑ Auditory / ❑ Visual hallucinations
❑ Self harm/cut
❑ Bizarre behavior
❑ Aggressive
❑ Special needs (e.g. autism, ADHD)

*(Explain)*

_____

_____

_____

_____

_____

**Law Enforcement Encounter History:** Frequent interactions?

❑ Yes ❑ No

*(Explain)*

_____

_____

_____

_____

_____

**Medical History:** *(History of hospitalizations, suicides, self-harm, detox...)*

Taking medications
❑ Yes ❑ No

Substance use
❑ Yes ❑ No

❑ Hospitalizations
❑ Suicide attmpts
❑ Self harm
❑ Detox

**Observations:**
(*Appearance, speech, eye contact, oriented to person/place/time)*

❑ Disoriented ❑ Poor hygiene

❑ Not eating ❑ Other *(explain)*

_____

**Stressors:**

❑ Loss/Death ❑ Financial

❑ Relationship ❑ Employment

❑ Housing ❑ Legal ❑ Veteran/PTSD

_____

_____

**Comments:**

_____

_____

_____

_____

***Contact name:*** _____ ***Phone:*** _____

***Department:*** _____ ***Date:*** _____