



CLOSED CUSTODY CRISIS CONSULTATION
INTAKE FORM

Please contact 306-381-4585 to advise that request is being made

Type of referral: Self Harm
 Violence

For acute and psychiatric concerns
please attend Emergency Department.

YOUTH'S NAME: _____

D.O.B.: _____

Where is the youth from? _____

Is the youth:

Sentenced?
What is the youth's release date? _____

Remanded
When is the youth's next court date? _____

Has the youth made current attempt(s)/threat(s) in Custody? If so, what occurred?

If known, what previous attempts/threats have been made? Please describe.

What strategies/interventions have been used to reduce risk in custody?

What interventions have been most successful?

What are the crisis questions that need to be answered?

Has your Shift Supervisor approved of this referral?

INSTRUCTIONS:

- 1. Sending Electronically:** Complete form and "Save As" to a file name of your choice. Attach the saved file to an email and send to MHASYOUNGOFFEND@saskatoonhealthregion.ca
- 2. Sending via Fax:** Complete form and print. Fax form to Mary Lynn Wiebe at 306-655-4931

***PLEASE ATTACH INCIDENT REPORT ***