

Name of Patient	Date of Birth	Patient Number
On _____ an imminent threat to seriously physically harm another identifiable person or structure was communicated to me by:		
_____	_____	
(Name of Person)	(Relationship to Person)	

The nature of the threat was to:

to the following person(s) or structure.

A. Based on my knowledge of the patient, it is my judgment that the patient

does not have the intent or ability to carry our the threat because:

Note: If the patient does not have the ability or intent to carry our the threat, no further action is legally mandated. However, clinical steps should be considered.

OR

B. Based on my knowledge of the patient, it is my judgement that the patient

does have the intent or ability to carry our the threat

Since the patient is already hospitalized in accordance with Ohio Revised Code Section 2305.51, I have initiated the following option(s) and, after consideration, have chosed not to pursue other options at this time, based on the following reasons, in order to fulfill my futy to protect potential victims from threatened violence.

(If Section B is selected, both of the following Sections must be completed)

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1. Establish and undertake a documented treatment plan reasonable calculated to eliminate the threat, and concurrently initiate a risk assessment and management consultation with a consultant (licensed independent mental health professional appointed by the Chief Clinical Officer or designee).

Chosen

Not Chosen

Reason:

2. Warning to law enforcement and, if feasible, intended victim(s).

Chosen

Not Chosen

Reason:

STEPS TAKEN to implement the option(s) I have chosen are: (include any person to whom a warning is given, as well as the date, time and specifics; or specify changes in the treatment plan or the initiation of the required consultation and name of consultant)

Mental Health Professional (Print Name)

Signature

Date