COAST ALERT

Adult: O

BSO: O



FYI: O

Business Line: 905-972-8118	Fax: 905-972-8448		Crisis Line: 905-972-8338	
Alert Date:	Time:		Sex: M: O F: O	
Surname:	Given Name:		DOB: yy/mm/dd	
Address:		City:		
Telephone #:	Cell #:		Postal Code:	
Next of Kin:		Next of Kin Pho	Next of Kin Phone #:	
G.P. Name:	Psychiatrist Name:			
History and Presenting Problem/Concerns: Please include hallucinations, delusions, aggression, etc and reason for alert. Note any /skills strategies person has successfully used when in crisis. Identify how the client presents when not in crisis e.g. temperament, interests, etc.:				
Is client aware of COAST alert? Yes: O No: O				
Diagnosis:				
History of Substance Abuse: Yes: O No: O Details:				
Currently Suicidal? Yes: O No: O If yes, Details:				
History of Suicide Attempts:				
Currently Aggressive? Yes: O No: O If yes, Details				
History of Aggressive Behaviour:				
Current Medications:		Takes medicati Yes: O No:	on as prescribed?	
Person's Name Issuing Alerts:		Phone #:		
Agency:		Fax #:		

Mobile: O

Telephone Support: O

Fax alert to COAST at 905-972-8448.

Call COAST at 905-972-8118 to confirm receipt of alert and to clarify details of alert.

Note: Alert is not appropriate if client is at immediate risk of suicide/harming others and is not in a safe location. In those situations you may call COAST, or if needed, 911.