

Santa Cruz County Jail Crisis Intervention Team Referral Form

Name of the Client: _____ S# (Jail ID): _____ Date of Birth: _____	
Does the client have a diagnosed mental health condition or psychiatric disability? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have a treating psychiatrist/physician/counselor? If yes, please provide any contact information of provider: Name: _____ Phone #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client take medications? If yes, please list the name of medication, the dosage and the pharmacy where client picks up the medication: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have any current medical conditions/problems that need to be addressed or made known to medical personnel? Please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Has the client been hospitalized for psychiatric reasons? If yes, please explain where, why and for how long: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Is the client currently a danger to self/others? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have a history of suicide attempts? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have a history of violence? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Is there any other additional information Jail CIT should be aware of? _____	
What is your name and contact #? _____ What is your relationship to the client? _____	

If you would like to give the Crisis Intervention Team any further information, please call (831) 454-2865 and speak with the crisis worker or leave a detailed message. Please understand the staff is prohibited by law from giving anyone information without a signed release of information from the client.

**This form can be dropped off at jail reception, faxed to (831) 454-5145 or
Emailed to: CIT@co.santa-cruz.ca.us**