

Mental Health Crisis Outcome Report

Date: [Insert Date]

To: [Recipient Name]

From: [Your Name]

Subject: Outcome Report of Mental Health Crisis Intervention

Client Information

Name: [Client Name]

Age: [Client Age]

Date of Birth: [Client DOB]

Case Number: [Case Number]

Intervention Details

Date of Intervention: [Intervention Date]

Intervention Provider: [Provider Name]

Location: [Intervention Location]

Presenting Concerns

[Brief description of the client's presenting mental health concerns during crisis]

Outcome Summary

Intervention Goals:

- [Goal 1]
- [Goal 2]
- [Goal 3]

Outcomes Achieved:

- [Outcome 1]

- [Outcome 2]
- [Outcome 3]

Recommendations

[Recommendations following the intervention, including any follow-up appointments or referrals]

Follow-Up Plan

[Details of the follow-up plan including dates and actions to be taken]

Conclusion

[Brief summary and conclusion about the intervention and outcomes]

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]