



At Risk Alert for *After-hours Counsellor*

Optum Counsellor:	Date:												
Counsellor's Phone No.:	Region:												
Submission Date:	Deletion Date:												
Reason For Alert													
Check all that apply. <table style="width: 100%;"> <tr> <td>☐ Client is Suicidal</td> <td>☐ FYI: Client status report</td> <td>☐ Client is a frequent caller</td> </tr> <tr> <td>☐ Client is homicidal/violent</td> <td>☐ To update prior alert</td> <td>☐ Limit number of calls</td> </tr> <tr> <td>☐ Client demographics needed</td> <td>☐ Client in Special Program</td> <td>☐ Limit call duration</td> </tr> <tr> <td>☐ Specific intervention needed</td> <td>☐ Provide referral/appt. info</td> <td></td> </tr> </table>		☐ Client is Suicidal	☐ FYI: Client status report	☐ Client is a frequent caller	☐ Client is homicidal/violent	☐ To update prior alert	☐ Limit number of calls	☐ Client demographics needed	☐ Client in Special Program	☐ Limit call duration	☐ Specific intervention needed	☐ Provide referral/appt. info	
☐ Client is Suicidal	☐ FYI: Client status report	☐ Client is a frequent caller											
☐ Client is homicidal/violent	☐ To update prior alert	☐ Limit number of calls											
☐ Client demographics needed	☐ Client in Special Program	☐ Limit call duration											
☐ Specific intervention needed	☐ Provide referral/appt. info												
Client Identification Section													
Client First & Last Name:													
Street Address, Apt. Number; City, State, Zip Code:													
Home Phone:													
Work Phone (if applicable):													
Gender:	☐ Male ☐ Female												
Date of Birth (or Age):													
Client's Counsellor or Case Manager (if applicable):													
Employer (if applicable):													
Special Program Participant (if applicable):													
If yes, Program Name and instructions as appropriate:													
Situation Description Section													
If applicable, include: ▪ Information about suicide or violence potential (describe history, weapon access, etc.) ▪ Other information such as mental health diagnosis, recent hospitalization, medication, drug/alcohol issues, health condition, living situation, etc.													
Telephone Intervention Description Section													
ProtoCall's standard telephone intervention procedures include crisis assessment and stabilization. Describe additional desired interventions such as: limiting number or duration of calls, redirecting client to own clinician or self-care plan, referring to specific facility, contacting on-call, providing specific referral or other information, etc.													

Fax completed form to Optum – Burnaby: (604) 432-1555

After 5:30 pm weekdays; after 4:00 pm Saturdays; and full day Sundays & Stat. Holidays, PLEASE ALSO CALL ProtoCall; our after-hours services at 1-877-572-6458 to provide verbal notification of this Risk Alert. Our Account No. with ProtoCall is 458.