FCBDD

January 2018

**PHYSICAL/MENTAL HEALTH CHECKLIST**

The purpose of this form is to document for FCBDD Human Rights teams the review of physical/mental health issues that must be considered when time-out or any type of restraint is recommended as a support strategy. This checklist was completed for:

Name:       Date of Birth:

ISP span dates: ­­­­­­­­­­­­­­­­­­      to

Information was provided by (list names of all contributors):

Left click the “yes” or “no” box to indicate whether or not the person has the issue listed. Add comments or details as needed.

1. Yes  No  History of abuse/other trauma Physical? Sexual? Current impact?
2. Yes  No  Receiving mental health services From whom? Focus of treatment?
3. Yes  No  History of broken bones Which?
4. Yes  No  Current problem breathing Name of condition?
5. Yes  No  Recent surgery What was done and when?
6. Yes  No  Current tubes/surgical openings What kind?
7. Yes  No  Heart problem Name of condition?
8. Yes  No  Renal/urinary problem Name of condition?
9. Yes  No  Cerebral Palsy Affecting what parts of body?
10. Yes  No  Splints/devices Where?
11. Yes  No  Metal inside body Where?
12. Yes  No  Replaced parts/organs Which?
13. Yes  No  Back problem Name of condition?
14. Yes  No  Epilepsy/seizures Type? Well controlled?
15. Yes  No  Sensory issues Deaf? Blind? Tactile defensiveness?

Other comments:

My signature below indicates that the team considered the person’s physical/mental health issues and avoided any contraindicated restraints in the recommended support strategies.

                                                                   

Printed Name of Author/Monitor Date Signature