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