

**Department of Mental Health
Inpatient ECR Referral and Review Form**

Enhanced Clinical Review (ECR) Referral
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Pt. Name:

Unit Location:

Current Legal Status:

SORB Level (if applicable):

- Pending
- 0
- I
- II
- III

Attending Psychiatrist:

Social Worker:

Reason For ECR:

- Suicide Risk
- Violence to Others Risk
- Independent Forensic Review Assessment
- Problematic Sexual Behavior Risk
- Fire Risk
- Elective (Specify reason):

ECR Referral Consists of (check all that apply):

- Risk Inventory Tool
- Suicide Risk Assessment/update
- Initial Risk Assessment/Risk Assessment Update
- Independent Forensic Risk Assessment
- MIPSB Referral
- Fire Risk Assessment
- Occupational Assessment
- Neuropsychological Assessment
- Psychological Testing
- Behavioral Analysis/Assessment
- Relapse/Crisis Plan(s)
- Prior Clinical Review
- Other (specify): _____

Briefly Describe current any significant issues during course of hospitalization (If this is a second or subsequent Clinical Review, describe the significant developments during course of hospitalization since the last Clinical Review):

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Level of Access/Passes/Discharge Review Requested:

- Unsupervised Access, Specify: _____
- Community passes, Specify: _____
- Discharge

If request is for discharge, specify the discharge plan:

Risk Mitigation Analysis Update:

ECR Review Results

Date Review Completed:

Clinical Review Results Summary:

- Support Increase Access/passes
- Modify Increase Access/passes
- Disagree Increase Access/passes
- Support Discharge
- Modify Discharge Plan
- Disagree with Proposed Discharge at this time

Comments/Recommendations/Specifications (if any):

ECR No longer needed:

Reason ECR no longer needed:

ECR update required for:

- Increase Access/passes.
- After Any Rescinded Access/passes
- Discharge

Comments/Recommendations on ECR update:

Review Conducted by (names):

Review Completed by:

Date:

Second Reviewer Comments/Recommendations (if any):