

Client record

Client name:

Organisation name:

Date:

Time:

am

pm

Name of Community
Patrol staff member:

Questions to ask – tick the relevant boxes and print all information clearly.

Client details

Gender:

Male

Female

Transgender (If yes, ensure appropriate arrangements have been made for client safety)

Cultural identity:

Aboriginal and Torres Strait Islander

Other _____

Date of birth:

Unknown

Address:

Does the client have any belongings on them (including medication)?

No

Yes. If yes, please ensure all items are stored securely.

Is there a 'safe place' contact person:

No

Yes. If yes, provide details below.

Are there any 'No contact' Domestic Violence Orders in place?

No

Yes

Does the client have any known medical conditions?

No

Yes. If yes, it is highly recommended that staff complete the *Client needs and risk identification form*

Actions taken – *Physical observations; observations of client wellbeing; who, what, when, outcome*

Comments:

Client record

Client observation record

Observations should be made **at least every 15 minutes for a minimum of 4 hours. After this period of time, the client should be observed every 30 minutes** until the support period ends.

If the patient is awake and intoxicated, observe the breathing, level of consciousness and intoxication.

If the patient is asleep, observe the breathing and level of responsiveness.

Hour	Time	Asleep (Tick)	Awake (Tick)	Staff's initials	Observations/comments
Hour 1 check every 15 mins					
Hour 2 check every 15 mins					
Hour 3 check every 15 mins					
Hour 4 check every 15 mins					

Hour	Time	Asleep (Tick)	Awake (Tick)	Staff's initials	Observations/comments
Hour 5 check every 30 mins					
Hour 6 check every 30 mins					
Hour 7 check every 30 mins					
Hour 8 check every 30 mins					
Hour 9 check every 30 mins					
Hour 10 check every 30 mins					
Hour 11 check every 30 mins					
Hour 12 check every 30 mins					

Client record

Client exit details

**Date and time
the support
period ended:**

	am	pm
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**Has a referral been
made on behalf of
the client?**

No Yes. If yes, please ensure a *Client referral and consent form* is completed.

**How did the client
leave the service?**

Transported to a Diversion Centre (please advise the location)
 Transported to a safe place
 Picked up by Queensland Police Service
 Transported via ambulance
 Walked away unassisted without transport
 Other (please provide details):

**Belongings and
medications returned:**

Staff name:

Staff signature: