

Behavioral Health Debriefing Form

Date of Incident: _____

Time of Incident: _____

Staff involved in incident: Leader: _____

Precipitating factors that led to Seclusion or Restraint:

Other interventions used prior to Seclusion/Restraint:

Manager notified: _____

Outcome of Incident: _____

What could have been done differently? _____

Does the patient understand why the Seclusion/Restraint was necessary? _____

Signature _____ Date _____ Time _____



PT.

MR.#/P.M.

DR.