



## Duty to Warn Record

This form should be retained permanently in the client chart, with a copy sent to the Recipient Rights Officer, Recovery Technology LLC CEO and Clinical Director.

### Client Information

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Skin Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

If threat is immediate, description of clothing worn:

### Reasonably Identified Third Person Who Is Subject of Threat

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Descriptors ( Age, sex, relation to consumer, etc.) :

### Threat Information

Specific violence threatened, words used:

Intent and Ability:

Staff Signature/Credentials: \_\_\_\_\_ Date: \_\_\_\_\_