

## RESTRAINT & SECLUSION DOCUMENTATION FORM

Date and Time of Restrain/Seclusion: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Consumer Physician's order for restraints/seclusion? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does the Consumer have a Behavior A Crisis Plan?  
Plan? \_\_\_\_\_

Employees or Persons involved:

Name: \_\_\_\_\_ Job Title/Role: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title/Role: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title/Role: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title/Role: \_\_\_\_\_

**Precipitating Event Immediately Preceding the Behavior that Prompted Use of Restraint/Seclusion:**

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**Behavior that Prompted Use of Restraint/Seclusion:** (Describe Consumer behavior and what the Consumer was doing)

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**Other Interventions Tried by Staff Prior to Restraining/Secluding Consumer:**

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|--|---|----------------------------------|
| <input type="checkbox"/> Provided Choices Techniques | <input type="checkbox"/> Verbal Redirection         | <input type="checkbox"/> Calming |
| <input type="checkbox"/> Reduced Demands             | <input type="checkbox"/> Reduced Verbal Interaction |                                  |
| <input type="checkbox"/> Removal of Other Consumers  | <input type="checkbox"/> Other:                     |                                  |
| <input type="checkbox"/> Request for Assistance      |   |                                  |

\_\_\_\_\_

Length of Time in Restraint: \_\_\_\_\_

Type of Restraint Used: \_\_\_\_\_

**Consumer Behavior and Reaction During Restraint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consumer Behavior at End of Restraint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name	Signature	Monitoring (M) Implementing (I)	Trained in CPI/MDB

Name and Signature of Administrator Informed of the Use of Restraint:

\_\_\_\_\_

Print Name Signature

<b><i>Debriefing and Reporting by Administrator</i></b>	
Reported to Human Rights	Date:_____ Time:_____
Reported to Guardians/Parents Notified:	Date:_____ Time:_____
Reported to other:	Date:_____ Time:_____

### RESTRAINT LOG

Date	Name of Consumer	Type and Length of Restraint	Behavior that Prompted Use of Restraint	Staff Member Implementing and Monitoring Use of Restraint	Supervisor(s) Informed of the Use of Restraint
				Name:  Signature:	Name:  Signature:
				Name:  Signature:	Name:  Signature:
				Name:  Signature:	Name:  Signature:
				Name:  Signature:	Name:  Signature:
				Name:  Signature:	Name:  Signature: