

**DATE:**

**FROM (REFERRING PROFESSIONAL/AGENCY):**  
**CONTACT INFORMATION:**

**TO (CRISIS INTERVENTION TEAM/SPECIALIST):**

**RE: Urgent Crisis Management Referral**

**CLIENT/ORGANIZATION NAME:**

**NATURE OF CRISIS:**

**IMMEDIATE RISKS IDENTIFIED:**

**ACTIONS TAKEN TO DATE:**

**REQUESTED INTERVENTION/SERVICES:**

Sincerely,

**SIGNATURE & CREDENTIALS**