

TARASOFF WORKSHEET

Name: _____ Patient ID #: _____

MHET Evaluator _____ Receiving PHF staff _____

Phone # _____ Secondary PHF staff _____

(Use back of form for additional notes)

(if change of shift)

☐ Threat documented	By:	
Threat made _____		
Date & Time of threat _____ @ _____ AM/PM. Witness _____		
Notes: _____		

☐ Intended victim notified by (phone / in person) circle	By:	
Notified on: _____ at _____ AM/PM		
Attempts made if unsuccessful: Time _____ AM/PM Date _____ Left Message? YES / NO		
Time _____ AM/PM Date _____ Left Message? YES / NO		
Time _____ AM/PM Date _____ Left Message? YES / NO		
Name: _____ Phone #: _____		
Address: _____ City, State, Zip: _____		
email address: _____		

☐ Law enforcement notified by phone	By:	
Notified on: _____ at _____ AM/PM		
Law enforcement agency _____ Law enforcement phone # _____		
Officer's name _____ Badge # _____ Case/log # _____		

☐ Tarasoff letter for victim done	By:	
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☐ Tarasoff fax to law enforcement	By:	
Date _____ Time _____ AM/PM Letter attached for victim? YES / NO		

☐ Fax Confirmation Printed	By:	
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☐ Incident Report Completed	By:	
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☐ Letter mailed to victim (email /certified) circle one	By:	
☐ Emailed letter Time _____ AM/PM Date _____ Email ASAP - within 24 hrs ☐ Mailed certified from post office Time _____ AM/PM Date _____ Between Friday at 3pm - Sat at 1pm ☐ To med records for mailing Time _____ AM/PM Date _____ Between Sat at 1pm - Friday at 3pm		

☐ Incident report & document copies to Supervisor	By:	
☐ Incident report ☐ Tarasoff worksheet ☐ Tarasoff fax ☐ Letter to victim ☐ Fax confirmation		

☐ Turn in Documents to med records	By:	
☐ Original Tarasoff fax ☐ Original Tarasoff worksheet ☐ Fax confirmation ☐ Letter to victim ☐ Original Letter with addressed envelope to mail OR ☐ Copy of letter with receipt of mailing from post office		

[illegible]