

**MACOMB COUNTY COMMUNITY MENTAL HEALTH
BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE
REQUEST FOR EMERGENCY PHYSICAL MANAGEMENT**

CONSUMER NAME: _____
PRESENTED BY: _____

CASE NO: _____
DATE OF THIS REPORT: _____

SPECIFIC EMERGENCY PHYSICAL MANAGEMENT INTERVENTION(S) TO BE USED: _____

WHAT SPECIFIC INTERVENTIONS HAVE BEEN TRIED AND WHY WERE THEY UNSUCCESSFUL? _____

DOES CONSUMER HAVE A TRAUMA HISTORY? DESCRIBE. _____

WAS A TRAUMA SCREEN/ASSESSMENT COMPLETED? _____

PER COMPLETED TRAUMA SCREEN/ASSESSMENT, IS PHYSICAL MANAGEMENT STILL WARRANTED? _____

WHO WILL CONDUCT THE PHYSICAL MANAGEMENT AND WHAT TECHNIQUES WILL BE USED? _____

WHICH PHYSICAL MANGEMENT AGENCY WILL PROVIDE THE TRAINING TO CONDUCT THE PHYSICAL MANAGEMENT? _____

FOR ONGOING REQUEST FOR PHYSICAL MANAGEMENT, DESCRIBE WHY IT IS STILL NEEDED AND THE PLAN TO DISCONTINUE _____
