

TARASOFF WORKSHEET

Patient ID # Name:

MHET Evaluator _____ Phone # _____ Receiving PHF staff _____

Secondary PHF staff _____
(If change of shift)

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: _____

Notes: _____

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:**

Tarasoff fax to law enforcement **By:**

Date _____ Time _____ AM/PM Letter attached for victim? YES / NO

Fax Confirmation Printed **By:**

Incident Report Completed **By:**

Letter mailed to victim (email /certified) circle one **By:**

Emailed: Date: _____ Time _____ AM/PM Email address: _____

Mailed certified from post office Time _____ AM/PM

Placed in outpatient mailroom Time _____ AM/PM