

Violent Behavior Checklist

Please fill out completely.

Counselee Name _____ Date _____

(Please fill out completely with **the client's** information):

1. Is there a history of harmful or violent behavior? **Yes / No**
2. Is there a history of abuse of alcohol or drugs? **Yes / No**
3. Is there an indication that suicide or violent behavior is being considered? **Yes / No**
4. Is there a plan for suicide or violent behavior? **Yes / No**
5. Is there any known or "reasonably suspected" incidences for child/spousal abuse? **Yes / No**
6. Are substances, weapons, or other means available for suicide or violent behavior? **Yes / No**
(this does not include handguns or other weapons that are for hobbies or protected/locked up, etc.)

Any requests for statements, affidavits, subpoenas needed for family court, etc, are subject to Clergy Privilege and will be reviewed by Mrs. Ransom on a case by case basis. According to Georgia Mental Health and Developmental Disabilities Confidentiality Act, subpoenas for any client records need only be answered if sent from a judge's office, not a lawyer. Thanks
Please initial below indicating that you understand this policy.

(Initial)

(Date)