Prior to any unplanned discharge, a consultation with RTX should occur. Exceptions to this include AWOL or immediate risk to staff, other clients, or physical environment.

Client Name: ___________________________________________  Admit Date: __________________

Description of Concerns / Behavior:  
Please include dates where appropriate

Interventions:  What attempts have you made to support client’s needs?
- □ Adjusted Treatment Plan
- □ Case Consult w/ other providers involved
- □ Increased 1:1 support
- □ Other: ________________________________________________
- □ Sobering / Withdrawal Mgmt respite
- □ Consulted Program Clinical/Medical Director
- □ Utilized peer mentorship

Made Referrals to:
- □ ACCESS: Mental Health
- □ Primary Care
- □ IMAT / NRT
- □ Other: ____________________________________________________________________

What is client’s perspective on the issue?

Client’s Counselor: ____________________________________________

Contact Person (if different from counselor): ____________________________

Phone: ___________________________  Email: ____________________________

Attach Copy of Client’s Current Treatment Plan

Email form & Treatment Plan:  GRP_HS_BHRS_RTXTEAM@smcgov.onmicrosoft.com
Call: 650.802.6400 ask for RTX Member  Fax: 650.802.6440