

Possible Adverse Events

Complete this form for each possible adverse event. If more than one particular event occurred (e.g., more than one ER visit since last study visit) or different events occurred on different dates use multiple pages .

Fill in the circle of the possible adverse events then describe the circumstances below.

<u>Possible Adverse Event</u>	Expected as part of BP disorder		Probability that AE is associated with the therapy or assessments			
	YES	NO	None	Possible	Probable	Very Likely
<input type="radio"/> Pregnancy <input type="radio"/> Abortion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Substantial verbal conflict- above baseline <input type="radio"/> Patient against family <input type="radio"/> Patient against other <input type="radio"/> Parent against parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Physical abuse <input type="radio"/> Pt. against family <input type="radio"/> Pt. against other <input type="radio"/> Parent against child <input type="radio"/> Other against child <input type="radio"/> Parent against parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Physical injury <input type="radio"/> to others <input type="radio"/> to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Inpatient hospitalization <input type="radio"/> Psych <input type="radio"/> Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ER <input type="radio"/> Psych <input type="radio"/> Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> School problems <input type="radio"/> Failed classes <input type="radio"/> Suspension <input type="radio"/> Expulsion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Deliberate self-injurious behavior <input type="radio"/> No suicidal intent <input type="radio"/> Suicidal intent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Contact with police <input type="radio"/> Arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe the circumstances of the possible adverse event:

Estimated date of event or beginning of event

 / /

Staff Initials

MD Clinician Therapist

ID

Today's Date / /

SITE Colorado Pittsburgh Cincinnati

