

**Sutton Place Behavioral Health**  
**Emergency Services Call Log**

Client Name: \_\_\_\_\_ SS # : \_\_\_\_\_ CID # : \_\_\_\_\_ Adult/Child \_\_\_\_\_

Date of call : \_\_\_\_\_ Time : \_\_\_\_\_ Caller Name : \_\_\_\_\_

Case Manager / Therapist: \_\_\_\_\_ Psychiatrist : \_\_\_\_\_

Stated Problem: \_\_\_\_\_

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Resolution: \_\_\_\_\_

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\_\_\_\_\_

Locus Score : \_\_\_\_\_

Emergency Services Evaluator Signature: \_\_\_\_\_

**SUTTON PLACE BEHAVIORAL HEALTH, INC.  
EMERGENCY SERVICES  
LOCUS / CALOCUS ASSESSMENT**

CLIENT: \_\_\_\_\_ CID # \_\_\_\_\_ DATE \_\_\_\_\_

I. RISK OF HARM TO SELF OR OTHERS		
1 = Minimal Risk of Harm 2 = Low Risk of Harm 3 = Moderate Risk of Harm 4 = Serious Risk of Harm • Requires Medically Monitored Residential Services 5 = Extreme Risk of Harm • Requires Medically Managed Residential Services	<b>SCORE</b>	
II. FUNCTIONAL STATUS		
1 = Minimal Functional Impairment 2 = Low Functional Impairment 3 = Moderate Functional Impairment 4 = Serious Functional Impairment • Requires Medically Monitored Residential Services 5 = Severe Functional Impairment • Requires Medically Managed Residential Services	<b>SCORE</b>	
III. MEDICAL • ADDICTIVE • PSYCHIATRIC CO-MORBIDITY		
1 = No Co-morbidity 2 = Minor Co-morbidity 3 = Significant Co-morbidity 4 = Major Co-morbidity • Requires Medically Monitored Residential Services 5 = Severe Co-morbidity • Requires Medically Managed Residential Services	<b>SCORE</b>	
IV. (A) ENVIRONMENT OF STRESS	(B) ENVIRONMENT OF SUPPORT	
1 = Low Stress 2 = Mild Stress 3 = Moderate Stress 4 = High Stress 5 = Extreme Stress	1 = High Support 2 = Good Support 3 = Limited Support 4 = Minimal Support 5 = No Support	<b>Score (A + B)</b>
<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> Score "A"	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> Score "B"	
V. TREATMENT AND RECOVERY HISTORY		
1 = Fully Responsive to Treatment & Recovery Management 2 = Significant Response to Treatment & Recovery Management 3 = Moderate Response to Treatment & Recovery Management 4 = Poor Response to Treatment & Recovery Management 5 = Negligible Response to Treatment	<b>SCORE</b>	
VI. (A) ATTITUDE (Client)	(B) ATTITUDE (Parent/Guardian of Child)	
1 = Optimal 2 = Constructive 3 = Obstructive 4 = Adversarial 5 = Unengageable	1 = Optimal 2 = Constructive 3 = Obstructive 4 = Adversarial 5 = Unengageable 0 = Not Applicable	<b>SCORE (Higher of A or B)</b>
<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> Score "A"	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> Score "B"	
COMPOSITE SCORE TOTAL (Scales I - VI)		

INDEPENDENT CRITERIA FOR HOSPITALIZATION	
<b><u>RISK OF HARM TO SELF/OTHERS</u></b> • Refer to Hospital/CSU if the score is either 4 or 5 regardless of composite score.	<b><u>FUNCTIONAL STATUS OR CO-MORBID PROBLEMS</u></b> • Refer to Hospital/CSU if the score is a 5. • Refer to Hospital/CSU if the score is a 4 – <b>only</b> if the sum of Scale IV (A & B) is greater than 2.

LEVEL	INTENSITY OF SERVICES (examples)	SCORE
1	Maintenance Services: Medications; Brief counseling; Community Self-help groups	10 – 13
2	Minimal Outpatient Services and/or Community Self-help groups; Case Management	14 – 16
3	Intensive Outpatient: Combination of Outpatient & Case Management	17 – 19
4	Intensive Monitoring: ITOS; Day Treatment	20 – 22
5	Non-Secure Residential: Residential., Group Home	23 – 27
6	Secure (Medical) Residential : Detox, CSU/Hospital	28 & up

CLINICIAN SIGNATURE/CREDENTIALS \_\_\_\_\_  
 LOCUS/CALOCUS ASSESSMENT

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