# **Quick Hand-Off Form: About Us**

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| **Name of son or daughter:** | **Date of Birth:** | | **Gender:** |
| **Address:** | | **Phone Number:** | |
| **Mental Health/Behavioral Diagnoses:** | | **Current Medications and Dosage:**  **During a Crisis, these medications help my son or daughter:** | |
| **Other Medical Problems:** | | **Allergies:** | |

**Interacting with My Son or Daughter:**

Because of [Insert son or daughter's name] diagnoses, he/she will act and respond differently than others. Please use these tips when interacting with my son or daughter:

**My son or daughter is verbal/non-verbal. Please communicate with my son or daughter by:**

**Please avoid doing/saying this:**

|  |  |
| --- | --- |
| **Things that help calm my son or daughter:** | **Things that will upset my son or daughter:** |

**Typical behaviors of my son or daughter while they are in crisis.**

**Other things to know or expect about my son or daughter when they are in a crisis:**