STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH PROGRAM
SECLUSION AND RESTRAINT FORM

(* Mandatory Fields) (Reference: Chapter 14, DCF Pam 155-2)

Client's Name:

1. *CONTRACTOR IDENTIFIER: ___ ___ - ___ ___ ___ ___ ___ ___ ___ Federal Tax Identification number	Page 14 - 4
2. *PROVIDER ID: ___ ___ - ___ ___ ___ ___ ___ ___ ___ (Subcontractor ID)	Page 14 - 4
3. CLIENTID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	Page 14 - 4
4. *IMPLEMENTATION DATE: ___ ___ ___ ___ ___ ___ ___ ___ (YYYYMMDD)	Page 14 - 4
5. *IMPLEMENTATION TIME: ___ ___ ___ ___ (HHMM)	Page 14 - 4
6. *INCIDENT: ___ ☐ 1- Significant Injury ☐ 2- Death ☐ 3- No significant Injury or Death	Page 14 - 4
7. INCIDENT DATE: ___ ___ ___ ___ ___ ___ ___ ___ **Mandatory** if "INCIDENT" = 1 or 2 (YYYYMMDD)	Page 14 - 4
8. INCIDENT TIME: ___ ___ ___ ___ **Mandatory** if "INCIDENT" = 1 or 2 (HHMM)	Page 14 – 4
9. *PROVIDER TYPE: ___ ☐ 1- DCF Contracted ☐ 2- Mental Health Treatment Facility ☐ *3- Non DCF Contracted*	Page 14 – 4
10. *SITE ID: ___ ___	Page 14 – 5
11. *PROGRAM: ___ ☐ 1- Mental Health ☐ 2- Substance Abuse	Page 14 – 5
12. *CLIENT SSN: ___ ___ ___ ___ ___ ___ ___ ___ ____ The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet	Page 14 –5
13. *CATEGORY: ___ ☐ 1 - Seclusion ☐ 2 - Restraint, Manual ☐ 3 - Restraint Mechanical Walking ☐ 4 - Restraint, Mechanical-Chair/Bed-Two Point ☐ 5- Restraint, Mechanical-Chair/Bed-Four Point ☐ 6 - Restraint, Medical	Page 14 - 5
14. *REASON: ___ ☐ 1 – Imminent Danger to Self ☐ 2 - Imminent Danger to Others ☐ 3 - Imminent Danger to Self and Others	Page 14 - 5
15. *TERMINATION DATE: ___ ___ ___ ___ ___ ___ ___ ___ (YYYYMMDD)	Page 14 - 5
16. *TERMINATION TIME: ___ ___ ___ ___ (HHMM)	Page 14 – 5
17. *ORDER: ___ ☐ 0-No ☐ 1-Yes	Page 14 – 5
18. *ORDER DISCIPLINE: ___ ☐ 1-Physician ☐ 2-Advanced Registered Nurse Practitioner ☐ 3-Physician Assistant	Page 14 – 6
19. *IMPLEMENTATION DISCIPLINE: ___ See codes in SAMH Pamphlet 155-2, Chapter 14	Page 14 –6
20. PROVIDER INFO: ___	Page 14- 6