

Date: _____ Date of UA: _____ Facility: _____
Re: _____ Address: _____
(Patient)
Last known address: _____
Medical Record Number: _____ Unit/Bldg: _____

This is to notify you that the above named patient was returned to the above named facility
on _____ at _____ following his/her ESCAPE BREACH OF CONDITIONAL RELEASE.
(date) (time)

Patient returned via: self police _____ family other _____
(specify agency) (specify)

Location of patient when found: _____

Incident(s) that occurred to patient during elopement

- None/unknown Assault Drug/Alcohol use Rape Self-injurious behavior Suicide
 Suicide attempt Other _____

Severity of injury/damage to patient

- No treatment/injury Medical intervention required No property damage
 Unknown Hospitalization required Minimal property damage
 Minor first aide Death Substantial property damage

Incident(s) committed by patient during elopement

- Assault Homicide Rape Theft Breaking & Entering None/Unknown
 Other _____

Severity of injury/damage to victim (other than patient)

- No treatment/injury Medical intervention required No property damage
 Unknown Hospitalization required Minimal property damage
 Minor first aide Death Substantial property damage

Signature and Title of Responsible Professional _____

DISTRIBUTION: Any law enforcement office notified
HIM
Initial examiner if involuntarily committed
Area program (if appropriate)

Risk management coordinator
Official placing patient on detainer
Next of kin/legally responsible party
Clerk of Superior Court in county of commitment