

**C.I.T. Data Collection Form**

**Date:**

**Precinct:**

**CCN:**

**Incident Location Address:**

**How call received:**  **Dispatched**  **Flagged down**  **Self initiated**

**Time spent on Call:** **Hours** **Minutes**

**Name:**

**Age:**

**DOB:**

**Admitted Mental Illness:**

**Depression**  **Bipolar**  **Schizophrenia**  **Anxiety**

**Post Traumatic Stress**  **Other:**

**Behavior Displayed:**

**Self harm**  **Cutting**  **Repetitive Behaviors**

**Stripping Naked**  **Incoherent Speech**  **Screaming and Shouting**

**Hearing Voices**  **Extraordinary strength and endurance**

**Lack of Response to Painful Stimuli**  **Extreme Exertion and Hyperactivity**

**Profuse Sweating**  **Lack of appropriate behavior**  **Other:**

**Disposition:**

**Hospital E.R.**  **Crisis**  **Detox**  **Jail**

**Advised**  **Transported to Other:**

