

Therapeutic Pass Report

To be completed by the Patient upon return

Yes__ No__ Did you accomplish your goals for pass? Yes__ No__ Did you get sad or angry?
Yes__ No__ Did you have conflict with adults? Yes__ No__ Did you have positive interaction with family?
Yes__ No__ Did you have conflict with siblings/peers? Yes__ No__ Did you comply with rules while on pass?
Yes__ No__ Did you become aggressive? Yes__ No__ Did your parents/family accomplish their goals?
What did you do on your pass? _____

How did you work through any problems that occurred? _____

Patient signature _____ Date: _____

To be completed by the Parent/Legal Guardian upon end of pass

Yes__ No__ Accomplished your goals during pass? Yes__ No__ Did the patient accomplish their goals during pass?
Yes__ No__ Have positive interactions with patient? Yes__ No__ Work through a problem with patient?
Yes__ No__ Did patient use drugs and/or alcohol? Yes__ No__ Was son/daughter upset during pass?
Yes__ No__ Was son/daughter angry during pass? Yes__ No__ Was son/daughter depressed during pass?
Yes__ No__ Was son/daughter anxious during pass? Yes__ No__ Was patient aggressive during pass?
Yes__ No__ Did patient enjoy positive social interactions?
What occurred during the pass that you felt was positive? _____

Did anything occur during the pass that concerned you? _____

Parent/Legal Guardian signature _____

To be Completed by Staff: Date Returned: _____ Time Returned _____

Returned by whom _____

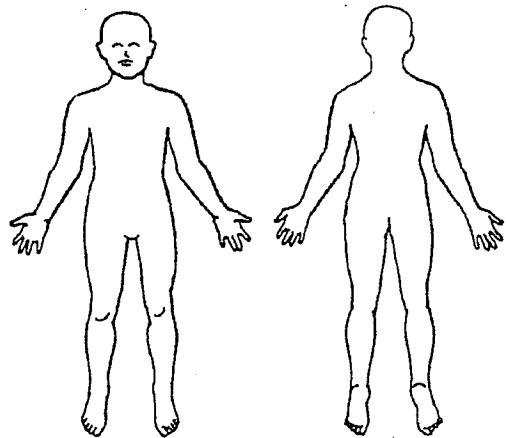
1. Patient's physical condition on return [Pat down and search]: _____

2. Patient's behavioral & emotional condition upon return: _____

3. Additional comments: _____

4. Clothing and personal items checked for contraband and added to inventory: _____

Staff Signature / Date _____



Upon return mark any injuries or Bruises