<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Date of Birth</th>
<th>Patient Number</th>
</tr>
</thead>
</table>

On __________________________ an imminent threat to seriously physically harm another identifiable person or structure was communicated to me by:

____________________________  __________________________
(Name of Person)  (Relationship to Person)

The nature of the threat was to:

____________________________
to the following person(s) or structure.

A. Based on my knowledge of the patient, it is my judgment that the patient

☐ **does not have** the intent or ability to carry out the threat because:

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*Note: If the patient does not have the ability or intent to carry out the threat, no further action is legally mandated. However, clinical steps should be considered.*

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**OR**

B. Based on my knowledge of the patient, it is my judgment that the patient

☐ **does have** the intent or ability to carry out the threat

Since the patient is already hospitalized in accordance with Ohio Revised Code Section 2305.51, I have initiated the following option(s) and, after consideration, have chose not to pursue other options at this time, based on the following reasons, in order to fulfill my duty to protect potential victims from threatened violence.

(If Section B is selected, both of the following Sections must be completed)
### STEPS TAKEN to implement the option(s) I have chosen are: (include any person to whom a warning is given, as well as the date, time and specifics; or specify changes in the treatment plan or the initiation of the required consultation and name of consultant)