QF163	RESTRICTIVE PRACTICES RECORD FORM

Customer/Client Name:

Date & Time		Location		Staff	
☐ Physical Restraint	☐ Mechanical Restraint	☐ Environmental Restraint	☐ Chemical Restraint	☐ Seclusion	
Trigger:	**Behaviour:**	**Action Taken:**		**Reason for use:**	
	☐ Progress Note Entered	**Progress Note ID Number**			

Date & Time		Location		Staff	
☐ Physical Restraint	☐ Mechanical Restraint	☐ Environmental Restraint	☐ Chemical Restraint	☐ Seclusion	
Trigger:	**Behaviour:**	**Action Taken:**		**Reason for use:**	
	☐ Progress Note Entered	**Progress Note ID Number**			

Date & Time		Location		Staff	
☐ Physical Restraint	☐ Mechanical Restraint	☐ Environmental Restraint	☐ Chemical Restraint	☐ Seclusion	
Trigger:	**Behaviour:**	**Action Taken:**		**Reason for use:**	
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Trigger:	**Behaviour:**	**Action Taken:**	**Reason for use:**
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Date & Time		**Location**		**Staff**	
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Trigger:	**Behaviour:**	**Action Taken:**	**Reason for use:**
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Date & Time		**Location**		**Staff**	
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Trigger:	**Behaviour:**	**Action Taken:**	**Reason for use:**
	☐ Progress Note Entered	**Progress Note ID Number**	