

## GER: Restraint Other Form

### Restraint Other Information

**Restraint Type \***:  Chemical  Mechanical  Physical  Other

If Other: \_\_\_\_\_

Begin Time \*: \_\_\_\_\_ am/pm End Time \*: \_\_\_\_\_ am/pm

End Date: \_\_\_\_\_

### Specific Location:

Activity Area  Bathroom  Bedroom  Dining Room  Hallway  Kitchen  Living Room  Outdoors  Recreation Area  Staircase  Unknown  Other

If Other: \_\_\_\_\_

Restraint Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness 1: \_\_\_\_\_ Witness 2: \_\_\_\_\_

SIGNATURE.....NAME.....DATE.....TIME.....

m/pm

Note:- Required fields are marked with an asterisk (\*)