

Reasons for Restraints

Restraints Watch Information

Reason for Restraints Discontinuation

Follow-up Recommendations

Physician's Signature

Physician's Stamp

Date

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
1. Name: (Last)	(First)
2. DOB	3. A#
4. Nationality:	5. Facility