

## Suicide Risk Assessment

Patient Name	DOB	Female
Provider Name	Date	Male Other
Risk factors		
Check any that apply:		
<ul> <li>Previous attempts (How medically ser attempt(s)?</li> </ul>	rious was the attempt(s)?	How recent was -the
• Acute suicidal ideation (What does it cobetween?)	onsist of? Is it fleeting, conti	nuous, or something in
• Intent is serious		
• Client has plan (What is it? How detail		
Client has means necessary to complete	•	
• Client is depressed or has other mental	health diagnosis	
• Client feels hopeless and/or worthless		
• Client wishes to die		
• Family history of suicide (Who, how ar	nd when?)	



- Excessive alcohol or drug use
- Recent and/or serious losses or separations
- Client is younger than 19 or older than 45
- Client is a gay/lesbian/bisexual youth
- Male
- Little social support/feeling of belonging
- Lives alone and/or is socially isolated
- Serious illness or chronic pain
- Impulsiveness
- Rigid thinking
- Recent victim of sexual or other abuse
- Military/combat experience
- Unemployment or other stressful event
- Suicidal behaviors (talking about suicide, wondering aloud about death, acquiring medication or other lethal instrument, writing letter(s) to loved ones, giving away belongings, updating will)

  Detail:

## **Mediating factors:**

Check any that apply:

- Meaningful social connections
- Responsible for pets, people or other that are meaningful or fulfilling
- Engages is activities that he/she enjoys
- Respect for life/wish to live
- Fear of death or feeling that suicide is a sin
- Future focus/things client is looking forward to
- Feeling that life has meaning



## Level of Risk

- none no suicidal ideation
- mild some ideation, no plan
- mod ideation, vague plan, low on lethality, wouldn't do it
- severe ideation, plan specific and lethal, wouldn't do it
- extreme ideation, plan specific and lethal, will do it

Highest risk group has suicidal ideation (thoughts of killing self), a plan (any plan so long as it is definite and detailed is high risk), high lethality (guns and walking in front of buses are more serious than overdosing on Tylenol and slashing wrists), few inhibitors (few reasons not to kill self), low self-control (especially drinking or using drugs - can decide not to kill self but fail to act to reverse events and accidentally kill themselves)

## **Actions taken:**

Check any that apply:

Client's Signature:

- Verbally contracted with client to abstain from suicide attempts (low risk only)
- Completed a written safety plan with client and gave client a copy of the plan
- Worked with client to arrange environment that will not offer easy access to potentially lethal means
- Worked with client to create actively supportive environment
- Discussed client's strengths and signs of desire to live
- Discussed practical approaches to the client's problems
- Explored client's beliefs about what suicide will/will not accomplish
- Initiated call to the crisis center for crisis intervention
- Gave client contact information for the crisis center
- Supported client in calling crisis center
- Discussed potential hospitalization
- Initiated call to law enforcement because of imminent danger

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Therapist Signature:	Date:
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Date: