

Standard Suicide Risk Assessment Preprinted Form

A comprehensive suicidality assessment was conducted due to: (check one about the nature of the referral)

- Referral source identified suicidal symptoms or risk factors
- Patient reported suicidal thoughts/feelings on intake paperwork/assessment tools (*please attach a copy of the assessment instrument with applicable items circled*)
- Patient reported suicidal thoughts/feelings during the intake interview
- Recent event already occurred (circle appropriate: suicide attempt, suicide threat)
- Other: _____

In the following sections, circle Y for "yes" and N for "no" and provide accompanying details.

Describe the therapeutic alliance/relationship at the end of the initial session:

Poor-----Routine-----Good

If Poor, please indicate problems observed:

Precipitants to Consider:

- Y N Significant loss Describe: _____
- Y N Interpersonal isolation Describe: _____
- Y N Relationship problems Describe: _____
- Y N Health problems Describe: _____
- Y N Legal problems Describe: _____
- Y N Other problems Describe: _____

Nature of Suicidal Thinking:

- Y N Suicide Ideation:
 - Frequency: Never Rarely Sometimes Frequently Always
 - Intensity: Brief and fleeting Focused deliberation Intense rumination
 - Other: _____
 - Duration: ___ Seconds ___ Minutes ___ Hours

Y N Current Intent

- Subjective reports(Provide quote): _____
- Objective signs(behaviors): _____

Y N Suicide plan:

- When _____
- Where _____
- How _____ Y N Access to means

Y N Suicide Preparation _____

Y N Suicide Rehearsal _____

Y N Reasons for Dying: _____

Y N Reasons for Living: _____

Y N Evidence of emergence of capability to suicide? _____

History of Suicidal Behavior, Self-Harm

Y N History of Suicidality

- Ideation _____
- Single Attempt _____
- Multiple Attempts _____

Y N History of Self-Harm (no intent to die)

- Type: _____
- Frequency: _____
- Duration: _____

Symptom Severity:

Depression: Rating (1-10) _____

Anxiety: Rating (1-10) _____

Anger: Rating (1-10) _____

Agitation: Rating (1-10) _____

Onset of symptom clusters: _____

Duration of symptom clusters: _____

Hopelessness:

Rating (1-10) _____

Onset: _____

Duration: _____

Perceived Burdensomeness:

Rating (1-10) _____

Onset: _____

Duration: _____

Sleep Disturbance:

Rating of severity: (1-10) _____

Initial, middle or terminal insomnia (circle)

Nightmares? Yes or No

Impulsivity/Self-Control:

Y N Impulsivity

- Subjective reports: _____
- Objective signs: _____

Y N Substance abuse Describe: _____

Additional Factors to Consider:

Y N Homicidal ideation Describe: _____

Recent hospital discharge for suicidality? Y N

How long ago was the discharge? _____

Additional risk factors: (check all that apply)

Age over 60 Male Previous Axis I or II psychiatric diagnosis
 Previous history of suicidal behavior History of family suicide
 History of physical, emotional or sexual abuse Access to firearms

Mental Status:

Alertness: alert.....drowsy.....lethargic.....stuporous.....other:
Oriented to: person place time reason for evaluation
Mood: euthymic, elevated, dysphoric, agitated, angry,
Affect: flat, blunted, constricted, appropriate, labile
Thought continuity: clear and coherent, goal-directed, tangential, circumstantial, other:
Thought content: WNL, obsessions, delusions, ideas of reference, bizarreness, morbidity, other:
Abstraction: WNL, notably concrete, other:
Speech: WNL, rapid, slow, slurred, impoverished, incoherent, other:
Memory: grossly intact, other:
Reality testing: WNL, other:
Notable behavioral observations:

Rating of Acute Risk (circle appropriate category)

None-----Mild-----Moderate-----Severe-----Extreme

Presence/Absence of Chronic Risk (circle appropriate category)

Absent

Present

If present, summarize markers of chronic risk:

DSM-IV-R Diagnosis:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

P: At the current time, outpatient care **can/cannot** provide sufficient safety and stability.

Intervention plan for safety is:

- 1.
- 2.
- 3.
- 4.

Patient agrees to this plan: Y N

Patient was provided a written **crisis response plan**: Y N

Patient was provided a commitment to treatment statement: Y N