

Patient Name:	Date:	Time:
Assessment Reason:	Age:	Ethnicity:
Sources of Information: <input type="checkbox"/> Chart <input type="checkbox"/> Patient <input type="checkbox"/> Family/friends: <input type="checkbox"/> Other:		

Chronic Risk Factors

<input type="checkbox"/> Male <input type="checkbox"/> Ages 45-54, 85+ <input type="checkbox"/> Caucasian <input type="checkbox"/> Divorced, separated, widowed <input type="checkbox"/> Family history of: suicide/attempt, mental illness	<input type="checkbox"/> Child maltreatment <input type="checkbox"/> Sexual trauma <input type="checkbox"/> Lower education, SES <input type="checkbox"/> LGBT <input type="checkbox"/> Past self-injury or past suicide attempts
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Acute Risk Factors

<p><i>Psychological Factors</i></p> <input type="checkbox"/> Suicide of relative, someone famous, or a peer <input type="checkbox"/> Suicide bereavement <input type="checkbox"/> Loss of loved one (grief) <input type="checkbox"/> Loss of relationship (divorce, separation) <input type="checkbox"/> Loss of status/respect/rank (public humiliation, being bullied or abused, failure work/task) <p><i>Social Factors</i></p> <input type="checkbox"/> Stressful Life Events (acute experiences) <ul style="list-style-type: none"> • Breakups and other threats to prized relationships • Other events (e.g., fired, arrested, evicted, assaulted) • Chronic Stressors (ongoing difficulties) <input type="checkbox"/> Financial Problems <ul style="list-style-type: none"> • Unemployment, underemployment • Unstable housing, homeless • Excessive debt, poor finances (foreclosure, alimony, child support) <input type="checkbox"/> Legal Problems (difficulties) <ul style="list-style-type: none"> • DUI/DWI, Lawsuit, Criminal offense and incarceration <input type="checkbox"/> Social Support <ul style="list-style-type: none"> • Poor interpersonal relationship (partner, parents, children) • Geographic isolation from support • Recent change in level of care (discharge from inpatient psychiatry) 	<p><i>Medical Conditions</i></p> <input type="checkbox"/> History of Traumatic Brain Injury <input type="checkbox"/> Terminal disease <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> New diagnosis of major illness <input type="checkbox"/> Having a medical condition <input type="checkbox"/> Worsening of chronic illness <input type="checkbox"/> Intoxication <input type="checkbox"/> Substance withdrawal (alcohol, opiates, cocaine, amphetamines) <input type="checkbox"/> Use of prescribed medication w/ warning for increased risk of suicide <input type="checkbox"/> Chronic pain <input type="checkbox"/> Insomnia <input type="checkbox"/> Function limitation <p><i>Mental Disorders</i></p> <input type="checkbox"/> Any mental disorder <input type="checkbox"/> Acute symptoms <p><i>Access to Lethal Means</i></p> <input type="checkbox"/> Firearms <input type="checkbox"/> Poison <input type="checkbox"/> Medications
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Protective Factors

<p><i>Social Support System</i></p> <input type="checkbox"/> Strong interpersonal bonds to family/unit members and community support <input type="checkbox"/> Employed <input type="checkbox"/> Intact marriage <input type="checkbox"/> Child rearing responsibilities <input type="checkbox"/> Responsibilities/duties to others <input type="checkbox"/> A reasonably safe and stable environment <p><i>Access to Healthcare</i></p> <input type="checkbox"/> Support through ongoing medical and mental health care relationships <input type="checkbox"/> Effective clinical care for mental, physical and substance use disorders <input type="checkbox"/> Good treatment engagement and sense of the importance of health and wellness	<p><i>Positive Personal Traits</i></p> <input type="checkbox"/> Help seeking <input type="checkbox"/> Good impulse control <input type="checkbox"/> Good skills in problem-solving, coping and conflict resolution <input type="checkbox"/> Sense of belonging, sense of identity, and good self-esteem <input type="checkbox"/> Cultural, spiritual, and religious beliefs about the meaning and value of life <input type="checkbox"/> Optimistic outlook - Identification of future goals <input type="checkbox"/> Constructive use of leisure time (enjoyable activities) <input type="checkbox"/> Resilience
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Reasons for Living		Reasons for Dying	
Warning Signs			
I Ideation or behavior S Substance use (esp. if increased) P Purposelessness (no RFL) A Anxiety (agitation, insomnia, nightmares) T Trapped H Hopelessness		W Withdrawal A Anger (rage, seeking revenge) R Recklessness (risky bx, self-neglect) M Dramatic mood changes (affective cycling)	
Current Suicidal Thinking, Intent and Behavior		Past Suicidal Thinking, Intent and Behavior	
Mental Status			
Risk Estimate			
Chronic Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Acute Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Justification of Risk Estimate			
Plan (if acute risk is moderate or high)			
Signature:		Date:	