

Suicide risk assessment Template

CLIENT NAME:	CLIENT FILE NO.:	DATE:
CLIENT DOB:	COUNSELLOR/PROVIDER:	
REASON FOR COMPREHENSIVE ASSESSMENT: <ul style="list-style-type: none"> <input type="checkbox"/> Client disclosed suicidal or homicidal (S/H) thoughts or feelings <input type="checkbox"/> Referral source (e.g. MCH, organization/parent/partner) identified suicidal or homicidal risk factors <input type="checkbox"/> Recent event already occurred <input type="checkbox"/> Other: 		
CURRENT EPISODE:		
SUBJECTIVE REPORTS (QUOTE):		
OBJECTIVE OBSERVATION:		
S/H PLAN:		
WHEN:		
WHERE:		
HOW:		
INTENDED VICTIM IF HOMICIDE (INCLUDE LOCATION/WHEREABOUTS IF KNOWN):		
ACCESS TO LETHAL MEANS:		
S/H PREPARATION:		
S/H REHEARSAL:		
CLIENT STATED REASONS FOR:		
SUICIDE/HOMICIDE IDEATION: FREQUENCY: <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently <input type="checkbox"/> Always 	INTENSITY: <ul style="list-style-type: none"> <input type="checkbox"/> Brief and fleeting <input type="checkbox"/> Focused deliberation <input type="checkbox"/> Intense rumination <input type="checkbox"/> Other 	DURATION: <ul style="list-style-type: none"> <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours
HISTORY OF SUICIDAL BEHAVIOUR, SELF-HARM:		
HISTORY OF VIOLENCE TOWARDS OTHERS:		
RECENT HOSPITAL DISCHARGE FOR SUICIDALITY:		
DATE:		