Client's Name: _____ Telephone #: _____ Age: _____

Suicide Assessment Form

Date: _____ **Time of Day:** _____ **Day:** S M T W R F S **Staff Member conducting assessment:** _____

Client seen at which agency: _____ □ in-person □ by phone □ On-call staff
Client expressed thoughts or feelings of suicide: □ Yes □ No

Checklist for Assessing Emergency Risk for Suicide – check-mark, highlight, or circle criteria below that are met:

Indicators/Risk Levels	Very low risk	Mild/low risk	Moderate risk	Severe/high risk	Extremely high risk
Method(s) Considered	□ Vague, no plan	□ Pills, slash wrist	□ Drugs, alcohol, car wreck, some specifics	□ Gun, hanging, jumping; some specifics	□ In progress; gun, hanging, jumping; very specific knows how, when, where
Suicidal Plans	□ None	□ None	□ Some but no clear intent.	□ Developed plan with considerable detail.	□ Well-thought out, lethal plans.
Availability of Means	□ No plan; no availability of means	□ Not available-will have to get	□ Available but not close by	□ Available-have close by	□ Have in hand or in progress
Suicidal Behavior	□ None	□ Ideation	□ Threat	□ Attempt low lethal	□ Attempt high lethal
When Attempt is Planned	□ No attempt planned	□ 48 hours or more	□ 24 to 48 hours	□ 24 to 18 hours	□ Presently (In progress) or within 24 hours
Previous suicide attempt(s)	□ None	□ None	□ Yes (One to Five Years ago)	□ Yes (Three months to one Year ago)	□ Yes (Three months ago or less)
Feelings of Loneliness	□ Hardly ever	□ Sometimes; support system present	□ Usually; some support system	□ Always; limited support system	□ Always; No support system
Hope/Level of Ambivalence	□ Hopeful; Readily acknowledges desire to live	□ Some hope, aware of some desire to live	□ Hope and some desire to live present, but inconsistent or limited.	□ Little or no hope for future; does acknowledge some ambivalence	□ No hope. Does not consciously acknowledge any ambivalence
Intoxication (Use of alcohol or drugs)	□ Has not been drinking or using drugs	□ Limited use of alcohol	□ Limited use of alcohol or drugs; past history of substance abuse treatment	□ Intoxicated; mixing drugs and alcohol	□ Mixing drugs and alcohol and evidence of intoxication
Chance of Intervention	□ Others present	□ Others expected	□ Others expected or available	□ Others available	□ No one nearby; isolated

Emotions and behavior during session:

□ Confusion □ Normal □ Flat □ Crying □ Depressed □ Difficulty Talking
□ Anxiety □ Agitated □ Hostile □ Intoxicated □ Unresponsive □ Other: _____

Symptoms of Depression:

□ Trouble Sleeping □ Changes in Appetite □ Changes in Weight □ Inability to perform daily tasks
□ Loss of Energy □ Hopelessness □ Helplessness □ Other _____

Recent Loss or Potential Loss, defeat, humiliation, betrayal, perceived failure? □ yes □ no **If so, when? Describe**: _____

_____

_____

Sense of being a burden or a disappointment to others? □ Yes □ No

Grateful acknowledgment to the Crisis Center from which this was adapted. (2016)

Client's Name: _____ Telephone #: _____ Age: _____

Describe Current Problem (*crisis information, reason for session, current stressor, presenting problem*):

_____

_____

_____

_____

_____

Describe in detail the plan and means (*i.e. kind of pills, how many, dosage, access to gun, etc.)*: _____

_____

_____

_____

Suicidal Communication made to: □ Counselor/Therapist □ Significant Others □ Family Member □ Friend □ Other _____

Support System and External Resources (*family, friends, significant other, professional*):

Name and Telephone: _____

Name and Telephone: _____

Name and Telephone: _____

Counseling / Therapy: □ None □ Prior □ Current **Describe:** _____

Military/Veteran/Nat'l Guard □ Yes □ No **Describe:** _____

DSM Diagnosis? □ yes □ no **Describe:** _____

Prior Hospitalization? □ yes □ no **When?** _____ **Describe:** _____

Prior History of a Suicide Attempt: □ yes □ no **When?** _____ **Describe:** _____

Family history of suicide attempts? □ yes □ no **Describe**: _____

Prior History of Trauma and/or bullying? □ yes □ no **Describe:** _____

Client's Attitude Toward Help: □ Accepts □ Rejects **Describe:** _____

Resolution of Session: ☐ No specific action taken or referral made ☐ Reinforced current therapy/counseling

☐ Family, friends, or significant other called ☐ Referral made to other agencies, explain below

☐ Engaged emergency help (ambulance, police, transport, etc.) ☐ Other, explain below

Explain resolution: _____

_____

_____

Suicide Risk: □ low □ moderate □ high **Emergency / Acute Risk:** □ low □ moderate □ high **Chronic** □ yes □ No

Follow up needed? □ yes □ no **Date and Time:** _____

Best contact information for follow up: _____

Safety Plan developed: □ yes □ no

Notes: _____

_____

_____

_____

_____

Staff Member Signature: _____ **Date:** _____

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