

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		Acute Risk Factors	
<input type="checkbox"/> Male <input type="checkbox"/> Ages 45-54, 85+ <input type="checkbox"/> Caucasian <input type="checkbox"/> Previous psychiatric diagnoses (esp. eating disorders, MDD, bipolar d/o, schizophrenia, and BPD) <input type="checkbox"/> Past substance abuse <input type="checkbox"/> Divorced, separated, widowed <input type="checkbox"/> LGBT (adolescents) <input type="checkbox"/> Family history of suicide <input type="checkbox"/> Chronic medical condition <input type="checkbox"/> Chronic pain <input type="checkbox"/> Sexual/physical abuse in childhood <input type="checkbox"/> Past domestic violence <input type="checkbox"/> Impulsivity <input type="checkbox"/> Violence <input type="checkbox"/> Self-injury <input type="checkbox"/> Past attempts:	<input type="checkbox"/> Depressive symptoms <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Substance use <input type="checkbox"/> Perpetrating or being a victim of violence/aggression <input type="checkbox"/> Recent bad news, loss, or anniversary date <input type="checkbox"/> Recent serious medical diagnosis <input type="checkbox"/> Recent discharge from a psychiatric hospital <input type="checkbox"/> Financial problems <input type="checkbox"/> Poor social support <input type="checkbox"/> Family discord <input type="checkbox"/> Recent exposure to another's suicide <input type="checkbox"/> Any real or anticipated event causing or threatening: shame, guilt, despair, humiliation, unacceptable loss of face or status, legal problems (loss of freedom), financial problems, feelings of rejection/abandonment <input type="checkbox"/> Access to firearms or poison <input type="checkbox"/> Other recent stressors:	<b>Warning Signs</b>	
I Ideation (expressed or otherwise communicated) S Substance use (esp. if increased) P Purposelessness (no RFL) A Anxiety (agitation, insomnia, hypersomnia) T Trapped	H Hopelessness W Withdrawal A Anger (rage, seeking revenge) R Recklessness (risky bx, self-neglect) M Dramatic mood changes (affective cycling)	<b>Protective Factors</b>	
<input type="checkbox"/> Positive social support (accessible, healthy) <input type="checkbox"/> Spirituality/moral objections to suicide <input type="checkbox"/> Sense of responsibility to family <input type="checkbox"/> Children in the home, pregnancy <input type="checkbox"/> Life satisfaction <input type="checkbox"/> Intact reality testing <input type="checkbox"/> Positive coping skills	<input type="checkbox"/> Positive problem-solving skills <input type="checkbox"/> Positive therapeutic relationship/active in tx <input type="checkbox"/> Future orientation/plans for future <input type="checkbox"/> Sense of optimism, self-efficacy <input type="checkbox"/> Fear of suicide or death <input type="checkbox"/> Fear of social disapproval <input type="checkbox"/> Other:	<b>Reasons for Living</b>	
		<b>Reasons for Dying</b>	

**Nature of Suicidal Thinking and Mental Status**

**Risk Estimate**

Chronic Risk:     Low             Moderate             High

Acute Risk:       Low             Moderate             High

**Justification of Risk Estimate**

**Risk Reduction Plan**

Signature:

Date: