

## SUICIDE RISK ASSESSMENT

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Team: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

Remarks

Intent	Remote		Immediate		
Plan	Vague		Specific		
Means	Low availability		High availability		
Means	Low lethality		High lethality		
Location	Private		Public		
Prior Attempt	No		Yes		
Drugs or Alcohol	No		Yes		
HX Mental Illness	No		Yes		
Past Coping	Good		Poor		
Life Events	Stable		Unstable		
Relationships	Stable		Chaotic		
Expressed Intent	No		Yes		
Ongoing Depression	None/Mild		Moderate/Severe		
Anxiety	None/Mild		Moderate/Severe		
Sleep Disturbances	No		Yes		
Daily Activity	Active		Passive		

**OVERALL SUICIDE ASSESSMENT**

**LOW**

**MEDIUM**

**HIGH**