

Date: _____

Client ID: _____

Suicide/Self-Injury Documentation Form

Note: Complete this form even if client denies suicidal ideation. Include as much detail as possible.

Section I: History

Client information and history:

Known risk and protective factors:

Symptoms or warning signs exhibited by client:

Narrative of events (include dates, times, and quotations):

Section II: Suicide

(complete if client admits suicidal ideation)

Describe frequency, intensity, and duration of client's suicidal thoughts.

If client has suicide plan, describe the plan including when, where, and how.

Does client have access to means (include means they identify and medications and firearms)?

Does client have an intent to act on the plan?

Has client made preparations for suicide (e.g. getting affairs in order, acquiring access to means)?

Describe client's previous suicide attempts (include methods, injuries, and treatments).

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Section III: Risk Assessment

Screening tool used:

Detail client's responses.

Explain level of risk (include rationale for determining level).

Section IV: Immediate Crisis Intervention

Describe crisis support provided (include description of how client was supported and validated).

Was a safety plan completed? If so, provide details and include a copy if available.

Was counseling provided for means safety? If so, provide details.

Section V: Actions and Responses

**Include rationale for each, including for actions not taken.*

Were guardians or family members notified? If yes, provide names and details. If no, why?

Were consultations conducted with other professionals? If yes, provide names and details. If no, why?

Detail actions considered and rejected (including assessment, treatment, hospitalization, etc.) and why.

Detail actions taken (including assessment, treatment, hospitalization, etc.) and why.

Explain referrals that were provided (including hotlines, counseling, assessment, treatment, etc.).

Explain the follow-up plan (include who will follow-up with whom, when, and how).

Printed Name **Title** **Signature**