

Suicide Risk Assessment Documentation Checklist

- ☐ Patient is having suicidal thoughts that occur ____x/day and last ____minutes on average.
- ☐ Patient reported thoughts are consuming/distracting and it takes _____ to redirect patient's thoughts to something else.
- ☐ Patient reported ____ prior suicide attempts. Pt's most lethal attempt means was _____ in month/year _____. Pt's most recent post-survival response was disappointed/grateful for surviving.
- ☐ The patient has access to the following means to suicide (e.g., medications, drugs, alcohol, firearms).
- ☐ The patient has a plan (Y/N). If yes, pt's description of the plan was:
_____ .
- ☐ The patient has/has not engaged in preparatory or rehearsal behaviors.
- ☐ The patient intends to die (e.g., is NOT ambivalent) OR patient is ambivalent about living/dying and is interested in trying to live (circle one choice).
- ☐ Discussed the patient's reasons for living and the patient verbalized reasons to live (Y/N).
- ☐ The patient agreed to outpatient treatment (e.g., psychotropic medication, psychotherapy, behavioral health treatment in primary care) (insert type here) with use of a crisis response plan (Y/N).
- ☐ Patient agreed to means restriction: (details including custodian of means, a statement of what the patient agreed to do and the plan for returning means to the patient; NOTE: in a subsequent note, the provider must document confirmation that means were removed.
- ☐ This patient's risk category is: acute/chronic.
- ☐ This patient's risk level is: minimal/mild/moderate/severe.