Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:
(name, DOC #, birthdate)

SUICIDE RISK ASSESSMENT

DATE	FACILITY

Sources of information: ☐ Patient interview ☐ Blue chart ☐ Overflow ☐ Collateral information

Presenting Problem/Chief Complaint:

Static Risk Factors	☐ N/A – No Change	
Past suicide attempts:	☐ Yes – Number of attempts: Note necessary details for each attempt to include lethality, if impulsive or planned, methods, and if medical or psychiatric follow-up was obtained:	☐ No
History of psychiatric treatment and illness:	☐ Yes – Describe symptoms, treatment type/milieu, age of onset: Evidence or report of : ☐ Bipolar disorder ☐ Psychotic disorder ☐ Major depressive disorder ☐ PTSD ☐ Anxiety ☐ Cluster B personality disorder/traits ☐ TBI ☐ Other: ☐ Inpatient treatment - # of hospitalizations: Dates of last hospitalization: ☐ Authorization completed and sign/dated by patient	☐ No
History of poor impulse control (patterns):	☐ Yes – Describe context (e.g., only when intoxicated, when angry), types of behaviors:	☐ No
History of substance abuse:	☐ Yes – Last used: Substance used: IV use? Chronicity of use (e.g., longest period of abstinence): Formal/informal treatment received (e.g., inpatient rehab, IOP, 12-step):	☐ No
History of traumatic events:	☐ Yes: ☐ Physical ☐ Emotional ☐ Sexual ☐ Other:	☐ No
Family history of suicide:	☐ Yes – ☐ Known attempts ☐ Known completions Who: Relationship: Circumstances:	☐ No
Anniversaries:	☐ Yes – Date(s):	☐ No

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	Describe (who/what/when):	
Chronic physical illness:	☐ Yes – Describe: ☐ Managed or satisfied with care ☐ Chronic pain Current pain scale (0-10):	☐ No
Conviction for violent and/or child crime:	☐ Yes – Describe: ☐ Sex crime ☐ High profile crime	☐ No
First incarceration:	☐ No – Number of prior incarcerations:	☐ Yes
Relationship status:	☐ In a relationship – Length of relationship: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Other	
Age _____; >35 years old:	☐ Yes	☐ No
Ethnicity:	☐ Caucasian ☐ Other:	
Gender identity:		
Veteran status:	☐ Yes – Combat? ☐ Yes ☐ No	☐ No
Lengthy or life sentence:	☐ Yes – ERD:	☐ No
For women only:	☐ Recent pregnancy (<6 months post-delivery)	

Dynamic Risk Factors		
Recent suicide attempt (<3 months):	☐ Yes	☐ No
Current suicidal ideation (active and passive):	☐ Yes – ☐ Active ☐ Passive	☐ No
Current suicide intent: Does the patient report a desire to die?	☐ Yes	☐ No
Current suicide plan:	☐ Yes Means described: Lethality of plan: Means available?	☐ No
Acts of anticipation:	☐ Yes ☐ Belongings given away ☐ Rehearsals ☐ Suicide note ☐ Preparing a will ☐ Telling loved ones “goodbye” ☐ Preparing/collecting materials for suicide (e.g., storing/cheeking medications, saving sharps/razors) ☐ Other (describe):	☐ No
Current depressive		

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symptoms:	☐ Yes – Describe: Hours of sleep:	☐ No
Hopelessness/ helplessness:	☐ Yes – Describe:	☐ No
Agitated/angry:	☐ Yes – Describe:	☐ No
Psychosis:	☐ Yes – Describe:	☐ No
Anxiety/panic:	☐ Yes – Describe:	☐ No
Recent substance use (within past 3 months):	☐ Yes What substances? How recent?	☐ No
Environmental Factors:		
Placement:	☐ Roommate ☐ Dorm ☐ Single cell ☐ Restrictive housing (Seg/IMU)	
Current life crisis:	☐ Yes ☐ Early in prison term ☐ Relationship dissolution ☐ Family conflict ☐ Facility transfer ☐ Loss of support ☐ Change in sentence ☐ Loss of job ☐ Unexpected charges ☐ Bereavement ☐ Loss of privileges ☐ Punitive sanctions ☐ Medical diagnosis ☐ Seg placement – Violent behavior? ☐ Yes ☐ No ☐ Other:	☐ No
Acute interpersonal stressor:	☐ Yes ☐ Bullying ☐ Humiliation ☐ Sexual assault ☐ Physical assault ☐ Conflict with roommate ☐ Conflict with peer/staff ☐ Lonely	☐ No
Protective Correctional Factors:		
Future-oriented thinking/plans/behavior:	☐ Yes – Describe:	☐ No
Current meaningful activity (or plans for activity):	☐ Yes ☐ Job ☐ Facility programming ☐ Education/school ☐ Religious groups ☐ Exercise ☐ Criminogenic programming	☐ No

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	☐ Other:	
Ability to cite reasons for living:	☐ Yes – Describe:	☐ No
Good social support:	☐ Yes – Describe:	☐ No
Children at home:	☐ Yes	☐ No
Hopefulness/optimism:	☐ Yes – Describe:	☐ No
Willing to accept treatment/ask for help:	☐ Yes	☐ No
Good therapeutic alliance:	☐ Yes – Therapist:	☐ No
Stable mood symptoms:	☐ Yes	☐ No
Low symptom severity:	☐ Yes	☐ No
Religious or moral prohibition:	☐ Yes	☐ No
Positive coping/conflict resolution skills:	☐ Yes	☐ No
Compliance with treatment:	☐ Yes	☐ No

Overall Assessment of Risk of Suicide

Estimate of risk:	Chronic/Static:	☐ Low	☐ Moderate	☐ High
	Acute/Dynamic:	☐ Low	☐ Moderate	☐ High
	Protective Factors:	☐ Low	☐ Moderate	☐ High

Overall clinical impression of risk of suicide and recommendation for placement (consider static, dynamic, and protective factors):

Admission to COA: ☐ Yes ☐ No – Complete 13-527 Mental Health Safety Plan

CLINICIAN PRINTED NAME, TITLE, AND SIGNATURE _____ DATE _____

CLINICAL SUPERVISOR PRINTED/STAMPED NAME, TITLE, AND SIGNATURE _____ DATE _____