



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

SUICIDE RISK DETECTION

DATE	FACILITY	UNIT (optional)
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Section 1:

The patient came to my attention by: Self-report in clinical interview 13-420 referral Kite
 Screening (Intake/Restrictive Housing/other) Other: _____

1. I questioned the patient about suicidal thoughts and behaviors (if Yes, describe below)..... Yes No
2. If patient was referred to me, I spoke with the referral source about suicide concerns Yes No
3. I reviewed the patient's mental health record (including prior records, if available) to see if suicidal thoughts, behaviors and/or attempts were documented in the past Yes No
4. Is there other pertinent information that might suggest suicide risk? Yes No
5. Are suicidal thoughts and/or behaviors present? Yes No

If the answer to 4 or 5 is Yes, go to section 2.
If the answer to both 4 and 5 is No, go to Section 3 and sign.

Section 2

If there is a known history of suicidal ideation/attempts, does the patient have a Safety Plan, Treatment Plan or IBMP that addresses suicidal ideation/attempts? Yes No
If No, complete DOC 13-371 Suicide Risk Assessment.
If Yes, does this event conform to the behavior addressed in the Safety Plan, Treatment Plan, or IBMP? Yes No
If No, complete DOC 13-371 Suicide Risk Assessment.
If Yes, follow through on the Safety Plan, Treatment Plan, or IMBP.

Section 3

- Further assessment is indicated; report is continued on DOC 13-371 Suicide Risk Assessment
- Further assessment is not indicated.

After questioning the patient about suicidal thoughts and behaviors and reviewing relevant information, no current suicide risk was detected. The patient does not appear to suffer from any mental illness, other psychological problem, or cognitive issues that might impair his/her ability to think clearly and answer my questions honestly. The patient understands mental health services are available and may contact mental health at any time in the future should suicidal thoughts emerge.

CLINICIAN PRINTED NAME AND TITLE

SIGNATURE

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.