A comprehensive suicidality assessment was conducted due to: (check one about the nature of the referral)
___ Referral source identified suicidal symptoms or risk factors
___ Patient reported suicidal thoughts/feelings on intake paperwork/assessment tools *(please attach a copy of the assessment instrument with applicable items circled)*
___ Patient reported suicidal thoughts/feelings during the intake interview
___ Recent event already occurred (circle appropriate: suicide attempt, suicide threat)
___ Other:

In the following sections, circle Y for "yes" and N for "no" and provide accompanying details.

Describe the therapeutic alliance/relationship at the end of the initial session:
Poor-------------Routine-------------Good

If Poor, please indicate problems observed:

Precipitants to Consider:

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>Significant loss</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Interpersonal isolation</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Relationship problems</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Health problems</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Other problems</td>
</tr>
</tbody>
</table>

Nature of Suicidal Thinking:

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Description</th>
</tr>
</thead>
</table>
| Y | N | Suicide Ideation:  
  • Frequency: Never Rarely Sometimes Frequently Always  
  • Intensity: Brief and fleeting Focused deliberation Intense rumination Other: |
  • Duration: ___ Seconds ___ Minutes ___ Hours |
| Y | N | Current Intent  
  • Subjective reports(Provide quote): |
  • Objective signs(behaviors): |
| Y | N | Suicide plan:  
  • When  |
  • Where  |
  • How:  
  Y N Access to means |
| Y | N | Suicide Preparation |
| Y | N | Suicide Rehearsal |
| Y | N | Reasons for Dying: |
| Y | N | Reasons for Living: |
| Y | N | Evidence of emergence of capability to suicide? |
History of Suicidal Behavior, Self-Harm
Y N History of Suicidality
- Ideation ____________________________________________________________
- Single Attempt _____________________________________________________
- Multiple Attempts ___________________________________________________

Y N History of Self-Harm (no intent to die)
- Type: ______________________________________________________________
- Frequency: _________________________________________________________
- Duration: ___________________________________________________________

Symptom Severity:
Depression: Rating (1-10)_________
Anxiety: Rating (1-10)_________
Anger: Rating (1-10)_________
Agitation: Rating (1-10)_________

Onset of symptom clusters: ___________________________________________
Duration of symptom clusters: _________________________________________

Hopelessness:
Rating (1-10)_________
Onset:____________________
Duration:_________

Perceived Burdensomeness:
Rating (1-10)_________
Onset:____________________
Duration:_________

Sleep Disturbance:
Rating of severity: (1-10)_________
Initial, middle or terminal insomnia (circle)
Nightmares? Yes or No

Impulsivity/Self-Control:
Y N Impulsivity
- Subjective reports: ___________________________________________________
- Objective signs: _____________________________________________________
Y N Substance abuse Describe:___________________________________________

Additional Factors to Consider:
Y N Homicidal ideation Describe:_________________________________________

Recent hospital discharge for suicidality? Y N
How long ago was the discharge?_________________________________________
Additional risk factors: (check all that apply)
____ Age over 60        ____ Male       ____ Previous Axis I or II psychiatric diagnosis
____ Previous history of suicidal behavior    ____ History of family suicide
____ History of physical, emotional or sexual abuse    ____ Access to firearms

Mental Status:
Alertness:   alert…..drowsy…..lethargic……stuporous……other:
Oriented to: person place time reason for evaluation
Mood:    euthymic, elevated, dysphoric, agitated, angry,
Affect: flat, blunted, constricted, appropriate, labile
Thought continuity: clear and coherent, goal-directed, tangential, circumstantial, other:
Thought content: WNL, obsessions, delusions, ideas of reference, bizarre, morbidity, other:
Abstraction: WNL, notably concrete, other:
Speech: WNL, rapid, slow, slurred, impoverished, incoherent, other:
Memory: grossly intact, other:
Reality testing: WNL, other:
Notable behavioral observations:

Rating of Acute Risk (circle appropriate category)

None-----Mild-----Moderate-----Severe-----Extreme

Presence/Absence of Chronic Risk (circle appropriate category)

Absent

Present

If present, summarize markers of chronic risk:

DSM-IV-R Diagnosis:
Axis I:

Axis II:

Axis III:
Axis IV:

Axis V:

P: At the current time, outpatient care can/cannot provide sufficient safety and stability. Intervention plan for safety is:
   1.
   2.
   3.
   4.

Patient agrees to this plan:  Y   N
Patient was provided a written crisis response plan:  Y   N
Patient was provided a commitment to treatment statement:  Y   N