

To be completed by Referral Worker only

Suicide Risk Assessment Form

- 1. Have you thought about killing yourself in the last 3 months? Y N
- 2. Have you ever thought about killing yourself or attempted to kill yourself before? Y N

If either of these is yes then you **must** go on to **ask the following questions and assess risk factors.**

- 3. On a scale of 1 – 10 where 10 is absolutely unbearable, **how much pain are you in?**

- 4. If you are thinking of killing yourself do you have a plan?

- 5. If so, what is your plan? Or “Have you thought about how or when you may make your attempt”
 (Notice: immediacy, certainty, lethality & accessibility)

- 6. What are some reasons to stay alive? Who can you talk to? (Or what are some things you were looking forward to before this pain?)

***If appropriate further explanation can be done by asking, “Tell me more about that...”
 ***Important to notice verbal and non-verbal messages being communicated & note them.

Risk Factors:

- | | | |
|---|---|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> History of mental health concerns |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Impaired Judgment | <input type="checkbox"/> Family history of suicide/violence |
| <input type="checkbox"/> Childhood Abuse | <input type="checkbox"/> Recent Loss | <input type="checkbox"/> Previous Suicide attempt |
| <input type="checkbox"/> Spouse Abuse | <input type="checkbox"/> Self Injury | <input type="checkbox"/> Self-destructive or risk-taking behaviour |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Lack of social support | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Increased Isolation | <input type="checkbox"/> Previous MH/SA hospitalization | |
| <input type="checkbox"/> Preoccupation with death | | |

Please Circle Level of Risk: Low Medium High

| | Low Risk | Medium Risk | High Risk |
|---------------|--|---|---|
| Pain (1 – 10) | Level 1 – 5/10 | 6 – 8/10 | 9 – 10/10 |
| Plan | No specific plan No available means Aren't certain want to die | Planned but not immediate risk Plan has possibility of intervention Aren't sure want to die | Immediate Date/time planned & prepared |

Referral Worker Signature _____

Guest Name _____

Date _____

Referral Workers task:

- 1. Validate – focus on strengths and personal resources
- 2. Identify supports/resources (with phone numbers)
- 3. Risk Specific Responses

Low Risk

- Action plan
 - 1. Concrete Goal _____
 - 2. Resource _____
 - 3. Another Meeting _____

Medium Risk

- No Harm Agreement
 - 1. Promise _____
 - 2. Suicide Specific Resource _____
 - 3. Another Meeting _____
- 24 hour supervision available if needed
- Suicide means removed from home

High Risk

- Emergency referral to suicide specific resource or escort to hospital or call ambulance/police for assistance if needed
- 24 hour supervision in place
- Suicide means removed from home

- 4. Consult with Supervisor and Document
- 5. Inform Parents/Family
- 6. Follow-up with Longer Term Resources
- 7. Take Care of Yourself

To protect you from any legal consequences it is essential you always record your suicide risk assessment on paper and consult with a mental health professional when risk is medium or high.

Referral Worker Signature _____

Guest Name _____

Date _____