

a) ***Trauma:** (e.g., sexual/physical/emotional abuse, neglect, witness to domestic abuse, sexual assault/rape, victim/witness to community violence, physical assault, victim of crime, serious accident/injury, life threatening medical issues, traumatic loss of loved one, victim of a terrorist act war/political violence/torture, disasters (tornado/earthquake), sanctuary trauma (trauma while institutionalized), prostitution/sex trafficking)

b) ***Needs regarding primary support group:** (e.g., death of a family member, health problems in family, disruption of family by separation/divorce, estrangement, removal from the home, stressful relationship w/siblings and/or spouse)

c) ***Social environment Needs:** (e.g., *social isolation, death/loss of friend, inadequate social support, living alone, difficulty with acculturation, discrimination, adjustment to life-cycle transition)

d) ***Educational Needs:** (e.g., illiteracy, academic problems, stressful situation w/ teachers or classmates, inadequate school environment)

e) **Occupational Needs:** (e.g., unemployment, threat of job loss, stressful work schedule, difficult work conditions, job dissatisfaction, job change, stressful situation w/boss/co-workers)

f) ***Housing Needs:** (*social isolation, homelessness, inadequate housing, unsafe neighborhood, stressful situation w/ neighbors or landlord)

g) ***Economic Needs:** (e.g., extreme poverty, inadequate finances, insufficient welfare support)

h) ***Issues w/ legal system/crime:** (e.g., arrest, incarceration, victim of crime)

i) ***Access to Health Care Services:** (e.g., *social isolation, inadequate health care services, transportation to health care facilities unavailable, inadequate health insurance)

j) ***Other Psychosocial/Environmental Needs:** (e.g., exposure to disasters, war, other hostilities, stressful situation w/ nonfamily caregivers such as counselor, social worker, or Dr., unavailability of social service agencies)

Risk Factors For Harm To Self and/or Others

Cognitive (2 pts)	<input type="checkbox"/> *Verbalizes clear intent to harm self/others <input type="checkbox"/> *Verbalizes clear, organized plan to harm self/other <input type="checkbox"/> Impaired judgment <input type="checkbox"/> Rigid-constricted thinking		
Gender (1pt)	<input type="checkbox"/> Male	Marital Status (1pt)	<input type="checkbox"/> Unmarried (single/separated/divorced/widowed)
Age (1pt)	<input type="checkbox"/> Younger than 25 or over 45	Housing (1 pt)	<input type="checkbox"/> No stable address/homeless
Employment (1 pt)	<input type="checkbox"/> Change in financial/socioeconomic status <input type="checkbox"/> Unemployed/Underemployed/Retired	Depression (2 pts)	<input type="checkbox"/> *Signs/symptoms of recurrent thoughts of suicide, or death, sad mood, crying, helpless, hopeless, worthlessness, low energy/appetite/ concentration, pain
Social Support (1 pt)	<input type="checkbox"/> Social isolation <input type="checkbox"/> Lack of supportive, meaningful relationships <input type="checkbox"/> Immigrant status <input type="checkbox"/> Presence of stressors or losses (real or imagined)		

Violence (2 pts)	<input type="checkbox"/> *Harm to self/suicide attempt <i>w/in the last year</i> <input type="checkbox"/> *Harm to self or suicide attempt <i>prior to last year</i> <input type="checkbox"/> Violent suicide method/lethal drugs or poison <input type="checkbox"/> Family history of suicide, abuse, mental illness <input type="checkbox"/> History of personal violence towards others <input type="checkbox"/> Thoughts of personal violence towards others	Psychosis (2 pts)	<input type="checkbox"/> Persecutory delusions <input type="checkbox"/> Hallucinations-critical, threatening, commanding auditory <input type="checkbox"/> Hallucinations-frightening, visual, olfactory or tactile type <input type="checkbox"/> Hallucinations-comforting, urging suicide <input type="checkbox"/> Paranoid thinking
Plan/Access to Weapons (2 pts)	<input type="checkbox"/> Access to weapons (especially guns) <input type="checkbox"/> Precautions taken against discovery <input type="checkbox"/> Verbalizes plan; prepares for death	Childhood Trauma (1 pt)	<input type="checkbox"/> Exposure to violence in childhood <input type="checkbox"/> Sexual/physical abuse in childhood <input type="checkbox"/> parental loss
Physical Issues (1 pt)	<input type="checkbox"/> *Insomnia/Hypersomnia <input type="checkbox"/> *Increase in appetite <input type="checkbox"/> *Loss of appetite <input type="checkbox"/> *Chronic illness/pain, recent onset of pain, fatigue <input type="checkbox"/> *Low energy <input type="checkbox"/> *Poor concentration <input type="checkbox"/> *Difficulty making decisions <input type="checkbox"/> Pregnancy <input type="checkbox"/> Recent diagnosis/onset of mental illness <input type="checkbox"/> Past diagnosis of mental illness <input type="checkbox"/> Confusion state, delirium, dementia		
Behavioral (1 pt)	<input type="checkbox"/> *Little interest/pleasure in doing things <input type="checkbox"/> *Feel like life's not worth living <input type="checkbox"/> *Irritability/angry affect <input type="checkbox"/> *Low self-esteem <input type="checkbox"/> *Feelings of worthlessness/guilt <input type="checkbox"/> Poor impulse control <input type="checkbox"/> Verbalizes aggression/agitation/anxiety/panic attacks <input type="checkbox"/> Displays perfectionist traits <input type="checkbox"/> Displays narcissistic traits (appears grandiose, having a need for admiration & shows a lack of empathy) <input type="checkbox"/> Displays antisocial traits (a pattern of disregarding/violating the rights of others & may include symptoms such as breaking laws, frequent lying, starting fights, lack of guilt & taking personal responsibility, the presence of irritability & impulsivity)		
Substance Abuse (1 pt)	<input type="checkbox"/> Current abuse/dependence on drugs or alcohol <input type="checkbox"/> Use of IV drugs <input type="checkbox"/> Previous substance treatment program		
Strengths That May Facilitate Stabilization	<input type="checkbox"/> Sense of responsibility to family <input type="checkbox"/> Children in the home, pregnancy <input type="checkbox"/> Life satisfaction <input type="checkbox"/> Reality testing ability <input type="checkbox"/> Positive coping skills <input type="checkbox"/> Positive problem-solving skills <input type="checkbox"/> Positive therapeutic relationship <input type="checkbox"/> Reason for living <input type="checkbox"/> Spiritual beliefs <input type="checkbox"/> Positive Social support <input type="checkbox"/> Past positive response to stress <input type="checkbox"/> Survival beliefs <input type="checkbox"/> Purpose in life <input type="checkbox"/> Positive personality traits <input type="checkbox"/> Fear of social/religious disapproval <input type="checkbox"/> Other _____		
TOTAL ALL RISK FACTOR BOXES FROM PAGES 2 & 3	<input type="checkbox"/> Current MHB Commit <input type="checkbox"/> County of MHB Commit _____		Guardian Name: Guardian Phone Number: <input type="checkbox"/> Client denies guardian
Overall Level of Severity: (Add points of "Risk Factors For Harm To Self and/or Others" section if at least 1 item is checked per box) Points = _____ <input type="checkbox"/> Low Risk (0-5 pts) <input type="checkbox"/> Moderate Risk (6-10 pts) <input type="checkbox"/> High Risk (11-20 pts)	General Assessment: (If consumer indicates he/she has a plan to commit suicide, please indicate plan w/in this section)		
Action Plan:			
Level of Care Referred to: <input type="checkbox"/> Outpatient/MH Therapy <input type="checkbox"/> Outpatient/SA Therapy <input type="checkbox"/> Medication Management <input type="checkbox"/> Primary Medical Care <input type="checkbox"/> Multisystemic Therapy <input type="checkbox"/> IOP <input type="checkbox"/> Short-Term Res <input type="checkbox"/> Professional Partner Program <input type="checkbox"/> Families CARE <input type="checkbox"/> Supported Employment <input type="checkbox"/> ERCS <input type="checkbox"/> Community Support (CS)/MH <input type="checkbox"/> CS/SA <input type="checkbox"/> Day Rehab <input type="checkbox"/> Day Support <input type="checkbox"/> ACT <input type="checkbox"/> CSU Admission <input type="checkbox"/> Hospital/ER <input type="checkbox"/> Inpatient-Voluntary <input type="checkbox"/> Inpatient-EPC <input type="checkbox"/> Other (list): _____			
Safety Plan Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No (<input type="checkbox"/> Copy offered to consumer)		Time of Completion:	
Consumer Signature:		Provider Signature:	