

TIP SHEET 3.2

Suicide risk documentation¹

NameDate of Birth.....
Date.....

- Current suicidal ideation (intensity, frequency, duration, plans, intent)
- Current presentation (mood state, agitation, intoxication, etc)
- Current psycho-social stressors (loss, disappointment, homelessness, legal, relationship etc)
- Previous history of suicidal behaviour (including self-harm and risk taking behaviour, assess impulsivity of attempts, usual level of suicidal risk)
- History of impulsivity (behaviours and triggers for impulsive behaviour)
- Hopelessness (future plans, motivation for treatment)
- Mental health diagnoses (note diagnoses, practitioner and service where diagnosis made, date of diagnosis)

¹ Adapted from Metro Community Drug Services and Drug and Alcohol Youth Services – Integrated Service Policy, Revised August 2010

- Protective factors (family, friends, other services, religious/moral beliefs)

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Assessment of risk (See TIP SHEET 3.4 for a description of risk level)

Comments (include short term and long term risks)

Risk assessment plan

With whom discussed (e.g., supervisor, colleague, manager), and what action to be taken? Include plans to address triggers for suicidal thoughts and impulsive behaviours.

Clinician

Client

Other people and their role