



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

CLOSE OBSERVATION SUICIDE RISK ASSESSMENT

DATE	FACILITY
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Admission Discharge (complete Dynamic Risk Factors section only and 13-527 Mental Health Safety Plan)

Sources of information: Patient interview Blue chart Overflow Collateral information

Presenting Problem/Chief Complaint:

Static Risk Factors		<input type="checkbox"/> N/A – Discharge or No Change
Past suicide attempts:	<input type="checkbox"/> Yes – Number of attempts: Note necessary details for each attempt to include lethality, if impulsive or planned, methods, and if medical or psychiatric follow-up was obtained:	<input type="checkbox"/> No
History of psychiatric treatment and illness:	<input type="checkbox"/> Yes – Describe symptoms, treatment type/milieu, age of onset: Evidence or report of: <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Major depressive disorder <input type="checkbox"/> PTSD <input type="checkbox"/> Anxiety <input type="checkbox"/> Cluster B personality disorder/traits <input type="checkbox"/> TBI <input type="checkbox"/> Other: <input type="checkbox"/> Inpatient treatment - # of hospitalizations: Dates of last hospitalization: <input type="checkbox"/> Authorization completed and sign/dated by patient	<input type="checkbox"/> No
History of poor impulse control (patterns):	<input type="checkbox"/> Yes – Describe context (e.g., only when intoxicated, when angry), types of behaviors:	<input type="checkbox"/> No
History of substance abuse:	<input type="checkbox"/> Yes – Last used: Substance used: IV use? Chronicity of use (e.g., longest period of abstinence): Formal/informal treatment received (e.g., inpatient rehab, IOP, 12-step):	<input type="checkbox"/> No
History of traumatic events:	<input type="checkbox"/> Yes: <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Other:	<input type="checkbox"/> No
Family history of suicide:	<input type="checkbox"/> Yes – <input type="checkbox"/> Known attempts <input type="checkbox"/> Known completions Who: Relationship:	<input type="checkbox"/> No



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	Circumstances:	
Anniversaries:	<input type="checkbox"/> Yes – Date(s): Describe (who/what/when):	<input type="checkbox"/> No
Chronic physical illness:	<input type="checkbox"/> Yes – Describe: <input type="checkbox"/> Managed or satisfied with care <input type="checkbox"/> Chronic pain Current pain scale (0-10):	<input type="checkbox"/> No
Conviction for violent and/or child crime:	<input type="checkbox"/> Yes – Describe: <input type="checkbox"/> Sex crime <input type="checkbox"/> High profile crime	<input type="checkbox"/> No
First incarceration:	<input type="checkbox"/> No – Number of prior incarcerations:	<input type="checkbox"/> Yes
Relationship status:	<input type="checkbox"/> In a relationship – Length of relationship: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other	
Age _____; >35 years old:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethnicity:	<input type="checkbox"/> Caucasian <input type="checkbox"/> Other:	
Gender identity:		
Veteran status:	<input type="checkbox"/> Yes – Combat? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Lengthy or life sentence:	<input type="checkbox"/> Yes – ERD:	<input type="checkbox"/> No
For women only:	<input type="checkbox"/> Recent pregnancy (<6 months post-delivery)	

Dynamic Risk Factors		
Recent suicide attempt (<3 months):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current suicidal ideation (active and passive):	<input type="checkbox"/> Yes – <input type="checkbox"/> Active <input type="checkbox"/> Passive	<input type="checkbox"/> No
Current suicide intent: Does the patient report a desire to die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current suicide plan:	<input type="checkbox"/> Yes Means described: Lethality of plan: Means available?	<input type="checkbox"/> No
Acts of anticipation:	<input type="checkbox"/> Yes <input type="checkbox"/> Belongings given away <input type="checkbox"/> Rehearsals <input type="checkbox"/> Suicide note <input type="checkbox"/> Preparing a will <input type="checkbox"/> Telling loved ones “goodbye”	<input type="checkbox"/> No



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	<input type="checkbox"/> Preparing/collecting materials for suicide (e.g., storing/cheeking medications, saving sharps/razors) <input type="checkbox"/> Other (describe):	
Current depressive symptoms:	<input type="checkbox"/> Yes – Describe: Hours of sleep:	<input type="checkbox"/> No
Hopelessness/helplessness:	<input type="checkbox"/> Yes – Describe:	<input type="checkbox"/> No
Agitated/angry:	<input type="checkbox"/> Yes – Describe:	<input type="checkbox"/> No
Psychosis:	<input type="checkbox"/> Yes – Describe:	<input type="checkbox"/> No
Anxiety/panic:	<input type="checkbox"/> Yes – Describe:	<input type="checkbox"/> No
Recent substance use (within past 3 months):	<input type="checkbox"/> Yes What substances? How recent?	<input type="checkbox"/> No
Environmental Factors:		
Placement:	<input type="checkbox"/> Roommate <input type="checkbox"/> Dorm <input type="checkbox"/> Single cell <input type="checkbox"/> Restrictive housing (Seg/IMU)	
Current life crisis:	<input type="checkbox"/> Yes <input type="checkbox"/> Early in prison term <input type="checkbox"/> Relationship dissolution <input type="checkbox"/> Family conflict <input type="checkbox"/> Facility transfer <input type="checkbox"/> Loss of support <input type="checkbox"/> Change in sentence <input type="checkbox"/> Loss of job <input type="checkbox"/> Unexpected charges <input type="checkbox"/> Bereavement <input type="checkbox"/> Loss of privileges <input type="checkbox"/> Punitive sanctions <input type="checkbox"/> Medical diagnosis <input type="checkbox"/> Seg placement – Violent behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	<input type="checkbox"/> No
Acute interpersonal stressor:	<input type="checkbox"/> Yes <input type="checkbox"/> Bullying <input type="checkbox"/> Humiliation <input type="checkbox"/> Sexual assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Conflict with roommate <input type="checkbox"/> Conflict with peer/staff <input type="checkbox"/> Lonely	<input type="checkbox"/> No
Protective Correctional Factors:		
Future-oriented thinking/plans/behavior:	<input type="checkbox"/> Yes – Describe:	<input type="checkbox"/> No
Current meaningful activity (or plans for		



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activity):	<input type="checkbox"/> Yes <input type="checkbox"/> Job <input type="checkbox"/> Education/school <input type="checkbox"/> Exercise <input type="checkbox"/> Other:	<input type="checkbox"/> Facility programming <input type="checkbox"/> Religious groups <input type="checkbox"/> Criminogenic programming	<input type="checkbox"/> No
Ability to cite reasons for living:	<input type="checkbox"/> Yes – Describe:		<input type="checkbox"/> No
Good social support:	<input type="checkbox"/> Yes – Describe:		<input type="checkbox"/> No
Children at home:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Hopefulness/optimism:	<input type="checkbox"/> Yes – Describe:		<input type="checkbox"/> No
Willing to accept treatment/ask for help:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Good therapeutic alliance:	<input type="checkbox"/> Yes – Therapist:		<input type="checkbox"/> No
Stable mood symptoms:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Low symptom severity:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Religious or moral prohibition:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Positive coping/conflict resolution skills:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Compliance with treatment:	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Overall Assessment of Risk of Suicide			
Estimate of risk:	Chronic/Static:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate <input type="checkbox"/> High
	Acute/Dynamic:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate <input type="checkbox"/> High
	Protective Factors:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate <input type="checkbox"/> High
Overall clinical impression of risk of suicide and recommendation for placement (consider static, dynamic, and protective factors):			

<input type="checkbox"/> Discharge from COA – Complete 13-527 Mental Health Safety Plan

CLINICIAN PRINTED NAME, TITLE, AND SIGNATURE

DATE



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CLINICAL SUPERVISOR PRINTED/STAMPED NAME, TITLE, AND SIGNATURE

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