



SUICIDE RISK ASSESSMENT

CLIENT INFORMATION

Client Name (First) _____ (MI) _____ (Last) _____ Marital Status _____
 Address _____ City _____ State _____ Zip _____
 Phone No. (Home) (____) _____ (Work) (____) _____ (Cell) (____) _____
 Sex: F M Age _____ Date of Birth ____/____/____
 Emergency Contact: _____
 Relationship: Self Spouse Parent/Legal Guardian Other specify: _____
 Phone No. (Home) (____) _____ (Work) (____) _____ (Cell) (____) _____

SUICIDE ASSESSMENT WORKSHEET

FACTOR	LOW	MEDIUM	HIGH
DEGREE OF PERTURBATION	Responds to empathy, diminished intensity of feelings	Agitation, difficulty calming down	Extreme agitation, high anxiety
DEGREE OF STRESS, SEVERITY	Some stress, some pain	Increased stress, increased pain	Pain/stress intolerable
COMMUNICATION OF INTENT	Unhappiness, "I've thought about suicide and won't do it"	Unhappiness, "wish to die", "nothing to live for", INTENT: to <i>avoid</i> the pain	Pain is unbearable, "wish to die", INTENT: to <i>end</i> the pain
INVESTMENT IN FUTURE	Hopeful about future, has some plans	Doubting the future, vague sense of future, some hopelessness	No sense of future, no plans in future, hopelessness
CONNECTEDNESS WITH WORLD	Aware of significant others and relationships, connected to world, wants to make a change	Lessened awareness of significant others, wants to make a change and believes s/he is powerless	Very little awareness of significant others, desires reunion with deceased love one, not connected with world
AMBIVALENCE	Well aware of both wanting to live and to end the pain	Wanting to live and to die can be brought to awareness with exploration	Not in touch with desire to live, emphasis on killing self, not consciously aware
LETHALITY	Method non-fatal, nonspecific time, details not thought out, means not available, others present	Lethality left to chance, plan within a time frame, some specifics, means are close by, others available	Lethal method, no room for intervention, well thought out or bizarre plans, means in hand, have used
PREVIOUS HISTORY	No history of mental illness, mild periods of anxiety or depression	History of mental illness for which treatment has been sought, family tree has some mental illness	Previous hospitalization, substance abuse, impulse control difficulties, family tree has suicide and mental illness

1. Is this person a danger to him/herself? No Yes
2. Is the person willing to commit to keep self safe? No Yes
3. Based on this worksheet, your experience, and your clinical judgment, identify the level of suicide risk for this individual. Low Medium High
4. Additional Information: _____

Client Signature

Client Signature

Parent/Legal Guardian Signature *mandatory if client is a minor*

Parent/Legal Guardian Signature *mandatory if client is a minor*

Therapist/Representative of Compass Professional Services LLC

_____/_____/_____
Date

_____/_____/_____
Date

_____/_____/_____
Date

_____/_____/_____
Date

_____/_____/_____
Date