

Date	Time	
DISCHARGE INSTRUCTIONS FOR A SUICIDE RISK PATIENT		
As you are discharged from the Guam Memorial Hospital, it is important to learn about how to keep safe from harming yourself.		
RECOGNIZE THE WARNING SIGNS		
<ul style="list-style-type: none"> - Abrupt changes in personality - Giving away possessions - Use of drugs and/or alcohol - Change in eating patterns – major weight changes - Change in sleeping patterns – all the time/unable to - Unwillingness/inability to communicate - Depression - Unusual sadness, discouragement/loneliness - Talk of wanting to die - Neglect of personal appearance - Rebelliousness – reckless behavior - Withdrawal from people/activities they love - Confusion – inability to concentrate 		
IF YOU OR A LOVED ONE OBSERVES ANY OF THESE BEHAVIORS OR HAS CONCERNS ABOUT SELF-HARM, HERE'S WHAT YOU CAN DO		
<ul style="list-style-type: none"> - Talk about your feelings - Talk about reasons for harming yourself - Remove any means of hurting yourself (e.g.: Pills, Rope, Extension Cords, Firearm) - Seek professional help by the Guam Behavioral Health and Wellness Center, Psychological Counseling, etc. - Do not be alone, call your "safe contact". Someone whom you trust and who will be there for you - Call your local CRISIS HOTLINE: 647-8833 or call the toll free National Suicide Prevention Hotlines: <ul style="list-style-type: none"> o National Suicide Prevention Lifeline: 1-800-273-TALK (8255) o National Hope Line Network: 1-800-SUICIDE (784-2433) 		
Educational/Teachings Materials provided to the Patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Other Educational/Teachings Materials provided to the Patient		
FOLLOWING THIS DISCHARGE, YOU HAVE AN APPOINTMENT WITH (INDICATE PHYSICIAN NAME, CLINIC NAME, AND CONTACT NUMBER)		
Physician Name	Clinic Name	Contact No.
UNDERSTANDING OF DISCHARGE INSTRUCTIONS		
I and/or my family member understand the warning signs of suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
I and/or my family member understands what to do when thoughts of suicide are present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

SUICIDE DISCHARGE INSTRUCTIONS

Patient ID Label

I and/or my family member have been given contact numbers to the Crisis Hotline and other toll-free suicide hotlines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
I and/or my family member understand the discharge instructions that were provided to me/the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
SIGNATURE(S)	
Signature of Patient/Family Member	
NAME AND SIGNATURE	
Licensed Practical Nurse's Name and Signature	
Registered Nurse's Name and Signature	
User's Name and Signature	

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