Date	Time
QUESTIONS TO ASSESS THOUGHTS OF SUICIDE	
Has the patient had any thoughts of self-harm in the past week?	☐Not able to assess, please specify why:________ ☐Yes ☐No
If Yes, does the patient have a plan for self-harm? Or has the patient followed through on his/her plan of self-harm?	☐Not Applicable ☐Yes ☐No
MAJOR RISK FACTORS FOR SUICIDE	
Please choose what risk factors apply	☐Hopelessness/Depression ☐Substance Abuse ☐Life Changing Event with Poor Coping Skills ☐Access to Means ☐Psychosis/Behavioral Health Conditions ☐Terminal Illness ☐Previous Attempts of Suicide
ASSESSMENT OF SUICIDE RISK	
Suicide Risk Level: LEVEL 1 (MINIMAL SUICIDE PRECAUTIONS), LEVEL 2 (STRICT SUICIDE PRECAUTIONS)	☐None – No current thoughts, no plans, no risk factors ☐LEVEL 1 – Has active thoughts, no plan, assessed as having significant risk for suicidal attempt or self-harm. ☐LEVEL 2 – Has active thoughts, with plans, has presented with an existing suicidal attempt or attempted self-harm.
ATTENDING PHYSICIAN NOTIFICATION **IF PATIENT IS ASSESSED TO BE POSITIVE FOR SUICIDE RISK, THE FOLLOWING PHYSICIAN WAS NOTIFIED**	
Physician Name	
NAME AND SIGNATURE	
Licensed Practical Nurse's Name and Signature	
Registered Nurse's Name and Signature	
User's Name and Signature	