

BRIEF RISK ASSESSMENT

PATIENT INFORMATION								
Last Name:		First Name:			Birth Date:			
Patient's Address:								
SOURCE OF INFORMATION								
<input type="checkbox"/> The Client		<input type="checkbox"/> Immediate Caregiver			<input type="checkbox"/> Other Informants (ie. Friends)			
<input type="checkbox"/> Police/Hospital		<input type="checkbox"/> Assessing clinician's current knowledge						
<input type="checkbox"/> Other (please specify) _____								
SUICIDALITY		Yes	No	Not	Dynamic (current) risk factor	Yes	No	Not
Static (historical) factors		(1)	(0)	Known		(2)	(0)	Known
Previous attempt(s) on own life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing suicidal ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous serious attempt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has plan/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of suicide		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressess high level of distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major psychiatric diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness/perceived loss of coping or control over life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major physical disability/illness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent significant life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated/Widowed/Divorced		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job/retired		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE FACTORS (describe):								
LEVEL OF SUICIDE RISK (total score): <input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/> HIGH (>14)								
AGGRESSION/VIOLENCE		Yes	No	Not	Dynamic (current) risk factor	Yes	No	Not
Static (historical) factors		(1)	(0)	Known		(1)	(0)	Known
Recent incidents of violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of weapons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to available means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 35 years old		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent command hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger, Frustration or Agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous dangerous acts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with violent ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role instability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug/alcohol misuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE FACTORS (describe):								
LEVEL OF HARM TO OTHERS RISK (total score): <input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/> HIGH (>14)								
OTHER RISKS IDENTIFIED (AND RISK FACTORS):								
RISK MANAGEMENT ISSUES (please ensure alerts are noted here):								
Assessor Name: _____								
Assessor Signature: _____				Date: _____				