

Mental Health Risk Assessment

Patient Information

Name:

Date of Birth:

Phone Number:

Emergency Contact's Name:

Emergency Contact's Phone Number:

Biopsychosocial History

Medical History:

Mental Health History:

Social History:

Current Mental State Examination

Mood:

Thought Processes:

Cognitive Function:

Perception:

Behavior:

Risk Factors Assessment

Suicidal Ideation:

Self-Harm History:

Substance Use:

Recent Life Events:

Protective Factors Evaluation

Support System:

Coping Mechanisms:

Positive Life Events:

Cultural and Contextual Considerations

Cultural Background:

Life Context:

Functional Impairment Assessment

Work/School:

Relationships:

Daily Activities:

Thoughts of Self-Harm and Suicidal Ideation

Current Thoughts:

Safety Plan:

Collateral Information from Trusted Sources

Family/Friends Input:

Overall Assessment

Risk Level:

Summary:

Next Steps and Recommendations

Interventions:

Follow-up Plan:

Signature

Signature:

Date: