

Suicide Risk Assessment

Patient Details

Full Name:	
Date of Birth:	
Gender:	
Contact Information:	
Current Mental Health Diagnosis (if any):	

Clinical Assessment

I. Current Presentation

1. Current Thoughts of Suicide/Self-Harm:

2. Frequency/Intensity of these thoughts:

3. Any specific plans for Suicide/Self-Harm:

II. History

1. Previous Suicide Attempts:

2. Previous Self-harm Behaviors:

3. Past Psychiatric Treatments/Hospitalizations:

III. Risk Factors

1. Current Mental Health Disorders:

2. Substance Use/Abuse:

3. Presence of Chronic Medical Illness:

4. Recent Personal Crisis or Loss:

5. Access to Lethal Means:

IV. Protective Factors

1. Strong Social Support Network:

2. Access to Mental Health Care:

3. Positive Coping Strategies:

4. Religious or Cultural Beliefs that Discourage Suicide:

Risk Level Assessment

Assess the risk level based on the responses above. Mark the relevant.

- Low Risk
- Moderate Risk
- High Risk
- Severe Risk

Treatment Recommendations and Safety Plan

Summarize the treatment recommendations and safety plan based on the risk level.

1. Immediate Actions:

2. Referral Recommendations:

3. Long-term Treatment Plan:

Assessor's Notes

Additional observations or remarks, if any:

This template is for reference and not a replacement for professional judgment. Always consider the individual patient's circumstances and consult with colleagues when needed.