

SUICIDE RISK ASSESSMENT

Comprehensive Risk Evaluation

Client Name: _____ Date: _____

Clinician: _____ Time: _____

IMMEDIATE RISK FACTORS

Current Suicidal Ideation:

- None reported
- Passive ideation (wishes to be dead)
- Active ideation without plan
- Active ideation with plan
- Intent to act on plan

Previous Suicide Attempts:

- No previous attempts
- One previous attempt
- Multiple previous attempts
- Recent attempt (within 6 months)

Current Mental State:

- Hopelessness
- Severe depression
- Psychosis
- Substance use
- Agitation/Impulsivity

Social Factors:

- Social isolation
- Recent loss
- Family history of suicide
- Access to lethal means
- Recent stressful life events

PROTECTIVE FACTORS

- Strong therapeutic relationship
- Family support
- Religious/spiritual beliefs
- Responsibility for dependents
- Future-oriented thinking
- Problem-solving skills

RISK LEVEL ASSESSMENT

- LOW RISK - Protective factors outweigh risk factors
- MODERATE RISK - Some risk factors present
- HIGH RISK - Multiple risk factors, few protective factors
- IMMINENT RISK - Immediate intervention required

INTERVENTIONS IMPLEMENTED

- Safety plan developed
- Lethal means removed
- Emergency contacts provided