



Suicide Risk Assessment Form

(Developed by Dr. Arnel Banaga Salgado)

Name:

ID No:

Registration Number:.....

Sex:.....

Age:

Race:.....

Marital Status:.....

Address:.....

DIAGNOSIS:.....

A. DEMOGRAPHIC FACTORS	B. CURRENT MENTAL STATUS
<input type="checkbox"/> Low socioeconomic status <input type="checkbox"/> Living Alone <input type="checkbox"/> Currently divorced <input type="checkbox"/> Unemployed <input type="checkbox"/> Access to/history of use of firearm <input type="checkbox"/> Lack of structured religion	<input type="checkbox"/> Suicidal ideation expressed by the patient <input type="checkbox"/> Suicidal ideation expressed by others <input type="checkbox"/> Realistic plan in the hospital <input type="checkbox"/> Suicidal intent alleged by others <input type="checkbox"/> Suicidal intent expressed by the patient
C. CLINICAL FACTORS	
<input type="checkbox"/> Severe anxiety and/or agitation <input type="checkbox"/> Anorexia nervosa <input type="checkbox"/> Bipolar disorder <ul style="list-style-type: none"> <input type="checkbox"/> Bipolar II <input type="checkbox"/> Mixed state <input type="checkbox"/> Depressive phase of illness <input type="checkbox"/> Depression <ul style="list-style-type: none"> <input type="checkbox"/> Severe <input type="checkbox"/> Anhedonia or hopelessness <input type="checkbox"/> Anxiety, agitation, or panic <input type="checkbox"/> Aggression Or Impulsivity <input type="checkbox"/> Delusional Thinking <input type="checkbox"/> Global or partial insomnia <input type="checkbox"/> Recent sense of peace/well-being <input type="checkbox"/> Co-morbid alcohol abuse/dependence <input type="checkbox"/> Dysthymia <input type="checkbox"/> Post-Partum Depression <input type="checkbox"/> Alcohol/Substance Abuse/Dependence <ul style="list-style-type: none"> <input type="checkbox"/> Co-morbid Axis I Disorder <input type="checkbox"/> Mixed Drug Abuse 	<input type="checkbox"/> Obsessive-Compulsive Disorder <input type="checkbox"/> Schizophrenia <ul style="list-style-type: none"> <input type="checkbox"/> Paranoid or undifferentiated type <input type="checkbox"/> Depressive state <input type="checkbox"/> Command Hallucination <input type="checkbox"/> More than a high school education <input type="checkbox"/> Less than 40 years old <input type="checkbox"/> Personality Disorder <ul style="list-style-type: none"> <input type="checkbox"/> Cluster B or Cluster C <input type="checkbox"/> Co-morbid depression <input type="checkbox"/> Co-morbid alcohol abuse/dependence <input type="checkbox"/> Epilepsy <ul style="list-style-type: none"> <input type="checkbox"/> Temporal Lobe epilepsy <input type="checkbox"/> Chronic Pain <input type="checkbox"/> More than one psychiatric diagnosis <input type="checkbox"/> Currently psychotic <input type="checkbox"/> Unstable or poor therapeutic relationship
D. LOSS FACTORS	E. Cognitive features that contribute to risk
<input type="checkbox"/> Decrease in Vocation Status <input type="checkbox"/> Loss of significant relationship <input type="checkbox"/> Decline in Physical health <input type="checkbox"/> Loss of freedom due to legal status	<input type="checkbox"/> Loss of executive function <input type="checkbox"/> Thought constriction (tunnel vision) <input type="checkbox"/> Polarized Thinking <input type="checkbox"/> Closed-mindedness <input type="checkbox"/> Inability to adapt to a dependent role

F. HISTORICAL FACTORS	G. RISK REDUCTION FACTORS
<input type="checkbox"/> Prior suicide attempts <input type="checkbox"/> Family history of suicide attempts <input type="checkbox"/> Anniversary of important loss <input type="checkbox"/> Impulsivity <input type="checkbox"/> Family of origin violence <input type="checkbox"/> Victim of physical or sexual abuse <input type="checkbox"/> Domestic partner violence	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Responsible for children under 18 years old <input type="checkbox"/> Sense of responsibility to family <input type="checkbox"/> Catholicism or Islam is religion of choice <input type="checkbox"/> Employed <input type="checkbox"/> Living with another person, especially a relative <input type="checkbox"/> Positive social support <input type="checkbox"/> Positive therapeutic relationship

DECLARATION:

This assessment is based on information collected from the following sources:

My interview with the following:

____ Patient

____ Family members: _____

____ Friends: _____

____ Othersw: _____

____ Review of records (Specify): _____

____ Other sources: _____

Name: _____ Signature: _____ Time: _____ Date: _____