CLIENT NAME:       CASE NUMBER:

**ASSESSMENT OF IMMEDIATE RISK FACTORS:** Any “yes” response triggers enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. For all unlicensed staff, documentation of a consultation is required. For trainees specifically, review with supervisor is required prior to end of session.

Direct (past 2 weeks) discharge from 24 hour program ***due to suicidal*** No Yes Refuse/Cannot Assess

***or homicidal crisis*** (hospital, IMD, START, residential treatment, etc.)

Current serious thoughts/impulses of hurting/killing self or others: No Yes Refuse/Cannot Assess

*Note if access to fire arms (guns) or other lethal means:*

Pre-death behavior/committed to dying (e.g. giving away possessions) No Yes Refuse/Cannot Assess and/or current hopelessness/sees no options

Preoccupied with incapacitating or life threatening illness and/or No Yes Refuse/Cannot Assess

chronic intractable pain and/or catastrophic social loss

Current command hallucinations, intense paranoid delusions and/or No Yes Refuse/Cannot Assess

command override symptoms (belief that others control thoughts/actions)

Current behavioral dyscontrol with intense anger/humiliation, recklessness, No Yes Refuse/Cannot Assess

risk taking, self-injury and/or physical aggression and violence

**Additional Youth Risk Factors:**

Current extreme social alienation, isolation and/or victim of bullying No Yes Refuse/Cannot Assess

**A YES or Refuse/Cannot Assess response to any of the above requires detailed documentation:**

**PROTECTIVE FACTORS:** (strong religious, cultural, or inherent values against harming self/others, strong social support system, positive planning for future, engagement in treatment, valued care giving role (people or pets) and strong attachment/responsibility to others.)

**SELF-INJURY/SUICIDE/VIOLENCE MANAGEMENT PLAN:** (Document enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. For all unlicensed staff, documentation of a consultation is required. For trainees

specifically, review with supervisor is required prior to end of session.)

**TARASOFF ASSESSMENT:**

Current violent impulses and/or homicidal ideationNo Yes Refuse/Cannot Assess

toward a reasonably identified victim?

Tarasoff Warning Indicated? No Yes

*If yes, include victim(s) name and contact information (Tarasoff Warning Details):*

Reported To:       Date:

**CURRENT DOMESTIC VIOLENCE?** No Yes Refuse/Cannot Assess

*If yes, detailed documentation and child/adult protective services question mandatory.* Describe situation:

Child/Adult Protective Services Notification Indicated?  No Yes

Reported To:       Date:

Signature of Staff or Clinician Requiring Co-Signature: Date:

Signature of Staff or Clinician Completing/Accepting Assessment: Date: