



JULY 12, 2018

SUICIDE RISK ASSESSMENT PROCESS

Triage questions to ask when you are faced with a concern about suicide risk. They are listed as follows:

1. Have you wished you were dead or wished you could go to sleep and not wake up? **NO** _____ **YES** _____
2. Have you had any actual thoughts of killing yourself? **NO** _____ **YES** _____

If the answer is **YES to 2**, then ask questions 3, 4, 5 and 6, which are:

3. Have you been thinking about how you might do this? **NO** _____ **YES** _____
 4. Have you had these thoughts and had some intention of acting on them? **NO** _____ **YES** _____
 5. Have you started to work out or worked out the details of how to kill yourself? **NO** _____ **YES** _____
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Do you intend to carry out this plan? **NO** _____ **YES** _____

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?
NO _____ **YES** _____
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If the answer is **NO to question 2**, then go directly to question 6

If the answer to question 6 is **YES**, ask if this was in the past 3 months?

PATIENT NAME: _____ **EMR#** _____

CLINICIAN SIGNATURE _____

PRINT CLINICIAN NAME _____





DATE: _____

Note: Questions are based on the Columbia Suicide Rating Scale.

PLEASE TURN THIS DOCUMENT IN TO THE FRONT DESK FOR SCANNING

After working through these questions, and if your assessment is that a referral needs to be made, you must notify the Director of the Free Clinic, or a member of the Clinical Staff before making the referral.

Resources available are:

-  **NATIONAL SUICIDE PREVENTION LIFELINE #: 1-800-273-8255**
-  **STEWART MARCHMAN CRISIS TRIAGE AND TREATMENT UNIT 386-254-1290/CELL 386-527-8530/ACCESS CENTER 800-539-4228**
-  **HALIFAX HOSPITAL (IF PT. IS BAKER ACTED THIS IS THE FACILITY THEY WILL MOST LIKELY BE ADMITTED TO)**
-  **POLICE 911**