

THE COUNSELING SOURCE BRIEF RISK ASSESSMENT		LAST NAME:		SEX:				
		FIRST NAME:		BIRTHDATE:				
		PLACE OF SERVICE:						
SOURCE OF INFORMATION		<input type="checkbox"/> The consumer		<input type="checkbox"/> Immediate caregiver (parent, child, NF staff, etc.)				
<input type="checkbox"/> Other informants (family, friends)		<input type="checkbox"/> Prior clinical records		<input type="checkbox"/> Assessing clinician's knowledge of consumer's past behavior/current clinical presentation				
<input type="checkbox"/> Police/ambulance/other		<input type="checkbox"/> Other (please specify):						
SUICIDALITY Risk Factors		Yes (1)	No (0)	Not Known	Risk Factors	Yes (2)	No (0)	Not Known
Previous attempt(s) on own life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing suicidal ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous serious attempt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has plan/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of suicide		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expresses high level of distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major psychiatric diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness/perceived loss of coping or control over life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major physical disability/illness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent significant life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated/Widowed/Divorced		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job/retired		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to available means		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PROTECTIVE FACTORS (describe) :								
LEVEL OF SUICIDE RISK (total score): <input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/> HIGH (>14)								
AGGRESSION / VIOLENCE Risk Factors		Yes (1)	No (0)	Not Known	Risk Factors	Yes (1)	No (0)	Not Known
Recent incidents of violence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of weapons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to available means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 35 years old		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent command hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger, frustration or agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous dangerous acts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with violent ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role instability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug/alcohol misuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE FACTORS (describe) :								
LEVEL OF VIOLENCE RISK (total score): <input type="checkbox"/> LOW (<7) <input type="checkbox"/> MODERATE (7-14) <input type="checkbox"/> HIGH (>14)								
RECOMMENDATIONS <input type="checkbox"/> 15 minute checks for 24 hours <input type="checkbox"/> send to ER for psychiatric evaluation <input type="checkbox"/> other/additional:								
(To be completed by assessing clinician)								
PRINT NAME:					CREDENTIALS:			
SIGNATURE:					DATE:			

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