

<b>THE COUNSELING SOURCE</b>  <b>BRIEF RISK ASSESSMENT</b>				LAST NAME:		SEX:	
				FIRST NAME:		BIRTHDATE:	
				PLACE OF SERVICE:			

  

<b>SOURCE OF INFORMATION</b>	<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):	

  

<b><u>SUICIDALITY</u></b> Risk Factors	Yes (1)	No (0)	Not Known		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): ☐ LOW (<7) ☐ MODERATE (7-14) ☐ HIGH (>14)

  

<b><u>AGGRESSION / VIOLENCE</u></b> Risk Factors	Yes (1)	No (0)	Not Known		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): ☐ LOW (<7) ☐ MODERATE (7-14) ☐ HIGH (>14)

  

**RECOMMENDATIONS** ☐ 15 minute checks for 24 hours ☐ send to ER for psychiatric evaluation ☐ other/additional:

  
  

(To be completed by assessing clinician) <b>PRINT NAME:</b>		<b>CREDENTIALS:</b>
<b>SIGNATURE:</b>		<b>DATE:</b>