

# PREVENTIVE CARE RECOMMENDATIONS ADULT- AGES 19 AND ABOVE

## EVALUATION OF SUICIDE RISK

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_ Date: \_\_\_\_\_

### EVALUATION OF SUICIDE RISK

When question #9 on the PHQ-9 is positive, ask these **Suicide Screening Questions:**

- Patient has had thoughts that **life is not worth living** or that they'd be **better off dead**
- Patient has had **thoughts about hurting or killing self**
- Patient has **attempted to harm self**
- Patient has **plan to hurt or kill self**
- History** of suicide attempt
- Social Isolation**
- Substance abuse**
- Hopelessness**
- Significant **comorbid anxiety**

### ASSESSMENT OF SUICIDE RISK:

DESCRIPTION OF PATIENT SYMPTOMS	LEVEL OF RISK	ACTION
No current thoughts; no major risk factors	Low Risk	Continue follow-up visits and monitoring
Current thoughts, but no plans. With or without risk factors	Intermediate Risk	Assess suicide risk carefully at each visit and contract with patient to call you if suicide thoughts become more prominent. Consult with Mental Health Specialist as needed
Current thoughts with plans	High Risk	Emergency management by Mental Health Specialist

**Provider Signature:** \_\_\_\_\_

**Keep original in medical record**