PREVENTIVE CARE RECOMMENDATIONS
ADULT- AGES 19 AND ABOVE

EVALUATION OF SUICIDE RISK

Today’s Date: __________  Patient Name: _____________________  MRN: __________  Date: __________

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:

<table>
<thead>
<tr>
<th>DESCRIPTION OF PATIENT SYMPTOMS</th>
<th>LEVEL OF RISK</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>No current thoughts; no major risk factors</td>
<td>Low Risk</td>
<td>Continue follow-up visits and monitoring</td>
</tr>
<tr>
<td>Current thoughts, but no plans. With or without risk factors</td>
<td>Intermediate Risk</td>
<td>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</td>
</tr>
<tr>
<td>Current thoughts with plans</td>
<td>High Risk</td>
<td>Emergency management by Mental Health Specialist</td>
</tr>
</tbody>
</table>

Provider Signature: ______________________________________________________

Keep original in medical record

Updated: December 6, 2012