

CLIENT NAME:	AGE:
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GENDER: ETHNICITY: DATE:

Describe **Suicide Ideation** & Suicidal **Communication**. Describe **access to means** and any **Plan, Preparation, or Rehearsal**. What do you know about these, describe means, timing, any preparations likes notes or goodbyes, or any rehearsal. **Suicide Intent** describe what client has stated in term of likelihood and imminence.

Describe recent descriptions of: Perception as a burden Hopelessness or Pessimism

Loss of Pleasure Agitataton, Anxiety or Restlessness Concentration & Decisions

Change in Sleeping Substance use/abuse Anticipated Loss or Stressor

Deception or Concealment Command Hallucinations

Describe History of: Self-Harm Aggression Hospitalisation Suicide Attempts Suicide Models Youth Justice Childhood abuse Parental psychopathology Conflict with parents **Bullying or Discrimination** Genetic factors Injury/Illness Bio-Chemical change Low Stress Tolerance Poor coping skills Mental Disorder High Impulsivity Low Social Support Passive Problem Solving Minority Status

Expand on Protective Factors: SOCIAL NETWORKS ATTACHMENT TO THERAPIST

Wanting to BEING ALIVE Valued RESPONSIBILITY FEAR OF DYING/PAIN SOCIAL DISAPPROVAL SPIRITUAL beliefs SELF-EFFICACY HOPE

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RISK FORMULATION

Incorporate historic and current factors to describe the:

LIKELIHOOD SEVERITY IMMINENCE

Describe non-judgementally. Be behaviourally and emotionally descriptive
Highlight **PROTECTIVE** factors. State clear **PLAN** including limiting access to
means & family/social contact and monitoring