



SUICIDE INFORMATION

SPECIFY BY NAME IF ANY FAMILY MEMBER OR SIGNIFICANT OTHER HAS BEEN SUICIDAL PRIOR TO OR DURING INTERVENTION. INCLUDE NAME, DATE OF EACH EVENT, AND DESCRIPTION OF EACH EVENT.

NAME	DATE OF EVENT	DESCRIPTION OF EVENT

SPECIFY BY NAME ESTIMATED LEVEL OF CURRENT RISK:

HIGH _____ MODERATE _____ LOW _____ NONE _____

*** IF THERE IS CURRENT RISK, COMPLETE SAFETY PLAN**