**Risk Assessment**

**Patient Name** \_

**Session Date** \_

 **Date of Birth** \_

 Disgnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

[ ]  **Danger to Self/Suicidal Ideation/Intentions**

[ ]  **Danger to Others/Homicidal Ideation/Intentions**

**Frequency of occurrence**

[ ] Pervasive [ ] Daily [ ] Weekly [ ] lntermittent [ ] One Time Only Other \_

**How long does it last** \_

**Intensity of suicidal or homicidal thoughts**

[ ] Severe [ ] Moderate [ ] Mild Comment \_

**Reasons individual would rather die than live** \_

**Detailed plan** \_

**How lethal is the method**

[ ] Subliminal [ ] Low [ ] Moderate [ ] High [ ] Extremely High

**Access to lethal methods** [ ] Yes [ ] No ,[ ] Possible Other \_

**If firearms, are they being removed from patient access**

Comment \_

[ ] Yes [ ] No



**Rehearsal behaviors** \_



**Details** \_

**Reasons individual would rather live than die** \_

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Risk Factor Assessment, Rev. 1