

Client:

Gender:

Age:

Screen completed by:

Date:

Suicide Risk Formulation Template

DEMOGRAPHICS		YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown					
Sexual identity:	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay male <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unknown					
Homelessness						
Details:						
Aboriginal or Torres Strait Islander						
RISK FACTORS						
HISTORY		YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
Family history of suicide/ suicide of a loved one or close other						
Details: (include recency)						
Parental mental disorder						
Details:						
History of sexual and/or physical abuse and/or neglect						
Details: (include recency)						
History of: <input type="checkbox"/> suicide attempts and/or <input type="checkbox"/> self-harm						
Details: (include recency)						
HEALTH		YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
'At risk mental status' (e.g., hopelessness, agitation, shame, psychotic, self harm, intoxicated, suicidal thoughts, confused, hallucinating/ delusional)						
Details:						
Diagnosed mental illness						
Details:						

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RISK FACTORS	YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
Chronic pain/illness and/or physical disability <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RECENT EVENTS	YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
Recently discharged psychiatric in-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Victim of domestic violence <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recent interpersonal crisis, especially rejection, humiliation <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Major life crisis (tick all that apply) <input type="checkbox"/> Family breakdown <input type="checkbox"/> Child custody issues <input type="checkbox"/> Significant anniversary <input type="checkbox"/> Trauma <input type="checkbox"/> Relationship problem <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Loss of loved one <input type="checkbox"/> Impending legal prosecution <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER	YES	NO	DON'T KNOW	SOURCE	UPDATED INFORMATION (sign & date)
Impulsivity/loss of rationality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lack of social support network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Difficulty (unwillingness) in accessing help due to language barriers, lack of information or support, or negative experiences with mental health services <i>Details:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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CLIENT STRENGTHS RELEVANT TO TREATMENT	YES	NO	DON'T KNOW	SPECIFY	UPDATED INFORMATION (sign & date)
Currently accessing appropriate clinical services for mental /physical disorders (applicable to outpatient services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Strong social connections (family cohesion, peer group affiliation, partner, community, etc) e.g., regular contact with family/friends he/she can rely upon/confide in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Good physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cultural and religious beliefs that discourage suicide and support self preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hopeful plans for future/Perceived reasons for living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stable daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Demonstrated resiliency, self esteem, optimism, and empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Demonstrated skills in problem solving, conflict resolution, and nonviolent handling of disputes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Client Care Plan

It is important to outline the way in which a client's risk factors and strengths are incorporated into treatment or care. For instance, what actions are required to manage the risk factors and how might client strengths be useful. These actions should be detailed below and referred to during treatment.

For example:

- Support groups
- Therapeutic community involvement
- Counselling
- Referral and consultation with outside services
- Community housing
- Indigenous support worker
- Medication