

**PRIMARY CARE SUICIDE RISK
ASSESSMENT FORM**

Patient Name: _____

Date: _____

Time: _____

Demographic Factors

- Male
 - 65 years or older
- Low socioeconomic status
- Living alone
- Currently divorced
- Caucasian or Native American
- Unemployed
- Access to/history of use of firearms
- Lack of structured religion

Current Mental Status

- Suicidal ideation by patient
- Suicidal ideation alleged by others
- Realistic plan in community
- Suicidal intent alleged by others
- Suicidal intent expressed by patient

Clinical Factors

- Severe anxiety, panic and/or agitation
- Anorexia Nervosa
- Bipolar Disorder
- Depression
- Post Partum Depression
- Alcohol/Substance Abuse/Dependence

Loss Factors

- Decrease in vocational status
- Loss of significant relationship
- Decline in physical health

Clinical Factors Continued

- Obsessive-Compulsive Disorder
- Schizophrenia
- Personality Disorders
- Epilepsy
- Chronic Pain
- More than one psychiatric diagnosis
- Currently psychotic
- Unstable or poor therapeutic relationship

Cognitive Features that Contribute to Risk

- Loss of executive function
- Thought constriction (tunnel vision)
- Polarized thinking
- Closed-mindedness

Historical Factors

- Prior suicide attempts
- Family history of suicide
- Anniversary of important loss
- Victim of physical or sexual abuse
- Domestic partner violence

Risk Assessment Formulation /Disposition

Provider's Signature