

O. Suicide risk assessment

Have you ever had thoughts of wanting to harm yourself? If so, describe how often, nature of thoughts, and when thoughts occurred:

Have you ever attempted suicide? If so, please describe when and the nature of the attempt:

Have you ever engaged in self-harm? (e.g. cutting) If so, please describe frequency and when self-harm occurred:

I, the undersigned, affirm that the information entered in this client information form is true and accurate:

Name: _____

Signature: _____

Date: _____