CLIENT NAME:       CASE NUMBER:

**HIGH RISK INDEX:** A guide to determining persistent risk level (e.g. mild, moderate, severe) apart from immediate risk indicators. **\*** Indicates a particularly **SEVERE RISK FACTOR**.

**Demographic and historical factors:**

High risk demographic factors (age, gender, race, social status)  No Yes  Refuse/Cannot Assess

Sexual orientation or gender identity issues  No Yes  Refuse/Cannot Assess

**\***Suicide of 1st degree relative  No Yes Refuse/Cannot Assess

**\***Access to firearms or lethal means  No Yes Refuse/Cannot Assess

**Comments**:

**Trauma exposure and/or major life stress:**

Witness of suicide  No Yes  Refuse/Cannot Assess

Military/veteran  No Yes  Refuse/Cannot Assess

**\***Recent (under 1 year) return from combat zone  No Yes  Refuse/Cannot Assess

Stressful caretaking role  No Yes  Refuse/Cannot Assess

Law enforcement (past or present employment)  No Yes  Refuse/Cannot Assess

**\***Recent/ongoing victimization –commercial sex exploitation, sexual abuse,  No Yes  Refuse/Cannot Assess

incest, physical abuse, domestic violence, bullying, or other assault

**\***Recent and unresolved major loss (people, employment, shelter, pets)  No Yes  Refuse/Cannot Assess

**\***Catastrophic legal or financial problems - (Recent, within approx. 3 mos.)  No Yes  Refuse/Cannot Assess

Release from criminal custody – (Recent, within 3 months)  No Yes  Refuse/Cannot Assess

**Comments**:

**Clinical and/or social history:**

Discharge from 24 hour program (hospital, IMD, START, residential  No Yes  Refuse/Cannot Assess

treatment, etc.) – (Recent, within 3 months)

**\***Alcohol/drug residential treatment failure – (Recent, within 3 months)  No Yes  Refuse/Cannot Assess

**\***Anniversary of important loss, Date:        No Yes  Refuse/Cannot Assess

Health deterioration of self or significant others – (Recent, within 3 months)  No Yes  Refuse/Cannot Assess

Gravely disabled – (Recent, within approximately 3 months)  No Yes  Refuse/Cannot Assess

Current extreme social isolation (real or perceived)  No Yes  Refuse/Cannot Assess

Immigration/refugee issues  No Yes  Refuse/Cannot Assess

Justice system involvement (past or present)  No Yes  Refuse/Cannot Assess

Current gang exposure or involvement  No Yes  Refuse/Cannot Assess

Homelessness or imminent risk thereof  No Yes  Refuse/Cannot Assess

**\***Previous attempts to harm self/others  No Yes  Refuse/Cannot Assess

Experience in handling firearms  No Yes  Refuse/Cannot Assess

Documented eating disorder  No Yes  Refuse/Cannot Assess

Sleeplessness  No Yes  Refuse/Cannot Assess

**\***Psychomotor agitation  No Yes  Refuse/Cannot Assess

**\***Panic attacks  No Yes  Refuse/Cannot Assess  
Guilt or worthlessness  No Yes  Refuse/Cannot Assess

**\***Frequent and/or uncontrollable rage  No Yes  Refuse/Cannot Assess

**\***Impulse control problem  No Yes  Refuse/Cannot Assess

Substance abuse relapse – (Recent, within 3 months)  No Yes  Refuse/Cannot Assess

Co-occurring mental and substance abuse disorder  No Yes  Refuse/Cannot Assess

Current abuse or misuse of drugs and other substances  No Yes  Refuse/Cannot Assess

Significant change in mood – (Recent, within approx. 3 mos.)  No Yes  Refuse/Cannot Assess

**Comments**:

**High risk behaviors:**

**\***Anti-social behavior – (Recent, within approx. 3 mos.)  No Yes  Refuse/Cannot Assess

Acts of property damage – (Recent, within approx. 3 mos.)  No Yes  Refuse/Cannot Assess

Risk taking or self-destructive acts  No Yes  Refuse/Cannot Assess

Documented borderline, anti-social, or other personality disorder  No Yes  Refuse/Cannot Assess

**Comments**:

**PROTECTIVE FACTORS**

Strong religious, cultural, or inherent values for prohibition  No Yes  Refuse/Cannot Assess

on hurting self/others

Strong social support system  No Yes  Refuse/Cannot Assess

Positive planning for future  No Yes  Refuse/Cannot Assess

Engages in treatment  No Yes  Refuse/Cannot Assess

Valued care giving role (people or pets)  No Yes  Refuse/Cannot Assess

Strong attachment/responsibility to others  No Yes  Refuse/Cannot Assess

**Comments**:

**Persistent risk level based upon comprehensive review of high risk index and protective factors:**

Low – no immediate plan required.

Medium – consider enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. Consult, collaborate and document.

High – consider enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. Consult, collaborate and document.

**Comments**:

For all unlicensed staff, documentation of a consultation is strongly suggested for Medium and High risk levels identified. For trainees specifically, review with supervisor should occur prior to end of session.

Signature of Staff or Clinician Requiring Co-Signature: Date:

Signature of Staff or Clinician Completing/Accepting Assessment: Date: