

Family Care Physicians, P.C. - Anxiety and Depression Institute
Suicide Risk Screening Tool

Patient Name: Date:

1. In the past few weeks, have you wished you were dead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. In the past week, have you been having thoughts about killing yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever tried to kill yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how?		
When?		
If you answered <u>Yes</u> to any of the above questions, please answer the following:		
5. Are you having thoughts of killing yourself right now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen.*)
- **If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Use question #5 to assess acuity:**
- **“Yes” to question #5 = acute positive screen** (imminent risk identified)
- **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
- Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
- **“No” to question #5 = non-acute positive screen** (potential risk identified)
- **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
- Alert physician or clinician responsible for patient’s care.