***The following checklist is an example of how to document a risk assessment if the case is elevated to a study clinician for consult.***

**Clinician Involvement Memo**

Today’s date:

Participant ID#:

Date of clinician involvement:

Person completing form:

Brief description of clinician involvement:

|  |
| --- |
|  |

**Clinical team was:**

* Consulted during clinician involvement
* Not consulted during clinician involvement (explain):

**Does the situation warrant clinician contact with the participant?**

* Yes
* No (explain):

***If yes, please complete sections I, II, and III below***

**I. Assessment:**

Formal suicide assessment was:

* Conducted
* Not conducted (explain):

Check any imminent suicide risk factors found in assessment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factor** | **Yes** | **No** | **Not assessed** |
| Current suicide intent |  |  |  |
| Current suicide plan and/or preparation |  |  |  |
| Method currently or easily available |  |  |  |
| Current severe hopelessness or pessimism |  |  |  |
| Acute alcohol intoxication |  |  |  |
| Severe loss of interest or pleasure (anhedonia) |  |  |  |
| Recent (past 4 weeks) discharge from psychiatric hospital |  |  |  |
| Low or no social support |  |  |  |

Check any protective factors found in assessment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factor** | **Yes** | **No** | **Not assessed** |
| Hope for the future |  |  |  |
| Self-efficacy in problem area |  |  |  |
| Attachment to life |  |  |  |
| Responsibility to children, family, or others, including pets, who client would not abandon |  |  |  |
| Embedded in protective social network or family |  |  |  |
| Other |  |  |  |

**II. Disposition:**

**I believe, based on information currently available to me (Check all that apply):**

X Client is not imminently dangerous to self and will be safe from serious self-injury or suicide until next contact with a clinician for the following reasons: (Check all that apply)

* + No current suicidal intent
  + Problems that contribute to suicide risk are being resolved
  + Suicide ideation and/or intent reduced by end of contact
  + Adequate crisis plan in place
  + Suicidality being actively addressed by primary therapist
  + Protective factors outweigh risk factors
  + Other:
* Emergency intervention is needed to prevent imminent danger of medically serious self-injury or suicide. The following actions were taken (Check all that apply)
  + **Emergency rescue (e.g. ambulance, 911)**

**→If initiated, receiving emergency department was:**

* + - Contacted and provided with information about the client
    - Not contacted (explain):
  + **Immediate transport to emergency services (e.g. by family or friend)**

→**If recommended, receiving emergency department was:**

* + - Contacted and provided with information about the client
    - Not contacted (explain):
  + **Welfare check (e.g. mobile crisis unit), specify which:**

**III. Consultation and continuity of care:**

**Treatment provider (e.g. psychiatrist, therapist) was:**

* Informed of clinician involvement
* Not informed of clinician involvement (explain):