

Venture Forthe, Inc

Lethality Assessment

Name: _____

Comments:

Thoughts of suicide NA Past Present _____

Suicidal Ideation with a plan NA Past Present _____

Does the client have access to the means to fulfill their plan (medications, weapons, etc)? Describe:

History of suicide attempts No Yes _____

Do they regret surviving? No Yes _____

Reporting feelings of hopelessness? No Yes _____

Thoughts of homicide NA Past Present _____

Homicidal Ideation with a plan NA Past Present _____

History of violence towards others No Yes _____

Thoughts of self-harm NA Past Present _____

Recent self-injurious behavior No Yes _____

Other Risk Factors (check all that apply)

Drug/alcohol use

Prolonged stress factors (harassment, unemployment)

Hx of trauma

Sense of isolation

Recent Loss (TBI, loss of job, divorce, etc)

Financial Stressors

Risk factors continued:

Family Hx of suicide/violence	Poor family supports
Chronic Pain	Few natural supports
Serious and Persistent Mental Illness (Bipolar, Major Depression, Schizophrenia)	
Psychiatric co-morbidity	Preoccupation/thoughts of death
Victim of physical, emotional or sexual abuse	High risk behaviors
Exposure to someone else's suicide (can have a contagious influence)	
Severe physical health problems	Impulsive

Protective Factors (check all that apply)

Family Supports	Religious/Spirituality	Cultural beliefs that discourage suicide
Future oriented	Meaningful activities	Friend supports
Children	Positive coping skills	

Behavioral changes that may indicate lethality (comment on all applicable):

Excessive sadness or moodiness

Sudden calmness

Withdrawal

Changes in personality and/or appearance

Dangerous or self-harmful behaviors

Based on this assessment, rate the degree of risk

1-4 Low

5-8 Moderate

9-10 Severe (call 911 or Crisis Services):

Plan of Action-

Clinician's signature

Date