

Subacute Presentation Check List

(Client Name) _____ Date _____

D.O.B. _____ Phone Number: _____

Emergency Contact 1 Name _____ Phone _____

Emergency Contact 2 Name _____ Phone _____

Emergency Contact 3 Name _____ Phone _____

A. Complete this section when you feel there is concern that this client may be considering suicide. Check all that apply wherever it is applicable.

_____ Complete a comprehensive assessment including direct interview, social collateral (family, friends, neighbors, etc.), and a risk assessment. If you are not qualified to complete a comprehensive assessment, refer the client for urgent evaluation and safety completion.

_____ If there does not seem to be an acute risk, and you believe confidentiality is required by law or common sense, practice, or state authorization to release information to the family/parents or other designated individuals, discuss the risk and parameters relating to the authorization.

_____ Interview the family, to the extent they are involved in the client's care, to obtain additional history about the client and to determine what the family/parents already know about the client's risk for treatment.

_____ Obtain authorization to release information for appropriate treatment providers, and promptly request treatment records, including psychotherapy, psychiatric and neuropsychological records.

_____ Review any medical and/or psychological records carefully to gain a comprehensive knowledge about factors for the client. Pay particular attention to medications that have side effects associated with increased depression, thought disturbance, or suicidal thinking.

_____ Identify risk assessment factors in the client's life (see below)