

**INTAKE WORKSHEET**

CASE # _____	<b>Y</b>	Client _____	
Date: ___/___/___			
INTAKE COUNSELOR _____		EMERGENCY ___ Yes ___ No	

<b><u>RISK ASSESSMENT</u></b>		"N/A" = not asked or assessed
Current or recent suicidal thought(s)?	___ Y ___ N	
Intent?	___ Y ___ N	
Plan?	___ Y ___ N	
Means?	___ Y ___ N	
Has client ever made a suicide attempt in his/her life?	___ Y ___ N	
Current or past self-injurious behavior?	___ Y ___ N	
Was there a <b>friend/relative</b> who attempted <u>or</u> completed suicide?	___ Y ___ N	
Current or past intent to cause damage or harm, threaten, intimidate or abuse another person?	___ Y ___ N	
Any recent losses?	___ Y ___ N	
<small>(Note: any affirmative answers to above questions may indicate the need for further assessment and explanation, with additional precautions being taken if required)</small>		
Does client have someone he or she can <b>rely on</b> in a crisis?	___ Y ___ N	
Relationship: _____		
Additional Information:		