

**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:   |             |                               |