

# SUICIDE RISK ASSESSMENT FORM

South Western Sydney PHN

**Referrals Received after 4:30pm will be actioned on the next business day.**

This suicide risk assessment is based on assessment of background conditions, current factors and clinical judgement.

**FAX TO SWSPHN SUICIDE PREVENTION SERVICE: 4623 1796**

Suicide Risk Assessment			
Current suicidal thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current suicidal plan?	<input type="checkbox"/> Yes – Immediate or next 24hrs = High Risk	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes – non specific		
If <u>yes</u> , does the person have access to means of suicide?	<input type="checkbox"/> Yes – High Risk	<input type="checkbox"/> No	
Details of means:			
Current suicidal intent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attempted suicide in the last three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If <u>yes</u> to the above, please provide details:			
Relevant History / Co-existing conditions:-			
Current Stressors:- (e.g. trauma, significant life transition, financial, grief/loss...)			
Suicide Risk Level	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
	Eligible to refer to SWSPHN Suicide Prevention Service Complete referral form below. Have patient sign their consent to referral <b>FAX to 4623 1796</b>	Eligible to refer to SWSPHN Suicide Prevention Service Complete referral form below. Have patient sign their consent to referral <b>FAX to 4623 1796</b>	Arrange immediate transport and referral to local Community Mental Health Emergency Team (CoMHET), Emergency Department or Safe Haven Location after hours.  Note: <u>Safe Haven</u> operates between 12pm-7:30pm Friday to Monday in Campbelltown and Liverpool.
Self-Harm Risk Assessment			
Current self-harm thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current self-harm intent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current self-harm plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current self-harm behaviours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient engaging in risky, unusual or out of character behaviours (please provide details below):			

## To be completed if submitting an independent referral

General Practitioner Details			
Date of referral:		GP Name:	
Practice Name:		Practice Suburb:	
GP Phone:		GP Fax:	
GP Email:			
Patient Details			
Title:	First Name:	Last Name:	Preferred Name:
Gender:	DOB:	Phone:	
Mobile:		Email:	
Country of Birth:		Language spoken at home:	
Indigenous Status:		Proficiency in spoken English:	
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander		<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Poor	
<input type="checkbox"/> Neither <input type="checkbox"/> Prefer not to say		Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact			
Name:		Relationship:	Phone:

### Patient Consent

I \_\_\_\_\_, (**Patient name** – please print clearly) **Consent to this referral and I agree to** information about my mental health being recorded in my medical file and shared between the GP, South Western Sydney PHN Suicide Prevention Service to assist in the management of my health care and the Allied Health Professional to whom I am referred.

I understand that SWSPHN will provide information that does not identify me, such as the types of service I receive, to the Department of Health, Disability and Ageing to assist improvement of mental health services in Australia.

**OR**

I **do not consent** to sharing of information with the Department of Health, Disability and Ageing\*

\_\_\_\_\_  
**Signature (patient):**

\_\_\_\_\_  
**Date**

I (GP) have undertaken the risk assessment on reverse of form and discussed the proposed referral with my patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

\_\_\_\_\_  
**Signature (GP):**

\_\_\_\_\_  
**GP Name**

\_\_\_\_\_  
**Date**