PORTAGE PATH BEHAVIORAL HEALTH
CRISIS RISK ASSESSMENT: IMMINENT HARM TO SELF OR OTHERS

Name: _____ Case Number: _____

Date: _____ Time seen: _____ Time Spent: _____

The client presented today for: ☐ Walk-In for Intake, ☐ Walk-In for _____
Due to: _____

☐ Scheduled Appointment for _____, ☐ Group Treatment

SELF HARM

Suicide attempts? ☐ YES ☐ NO If yes: number, means, when: _____

Wishes to be dead? ☐ YES ☐ NO
Thoughts of hurting or killing self? ☐ YES ☐ NO If yes, describe: _____
Specific plan to hurt or kill self? ☐ YES ☐ NO If yes, describe: _____
Access to means? ☐ YES ☐ NO If yes: Describe _____
Preparatory behavior? ☐ YES ☐ NO If yes: Describe _____
Additional information/Description: _____

HARM TO OTHERS

Wish to harm/assault/kill? ☐ YES ☐ NO If yes: Who _____
Plan?: _____

If yes: Access to a weapon? ☐ YES ☐ NO If yes: Explain _____
History of violence: _____

Duty to Warn? ☐ YES ☐ NO If yes, actions taken: _____
Additional information/Description: _____

RISK FACTORS

SUBSTANCE ABUSE:

Alcohol: Last Use _____ Describe Use: _____
Drugs: Last Use _____ Type of Drugs: _____
Describe Use: _____
Impact: _____

MENTAL STATUS RISK FACTORS:

Depression: ☐ YES ☐ NO If yes, describe: _____

Anxiety: ☐ YES ☐ NO If yes, describe: _____

Impaired Coping: ☐ YES ☐ NO If yes, describe: _____

Anger: ☐ YES ☐ NO If yes, describe: _____

Agitation: ☐ YES ☐ NO If yes, describe: _____

Mood Swings: ☐ YES ☐ NO If yes, describe _____

Hallucinations: ☐ YES ☐ NO If yes describe: _____

Paranoia: ☐ YES ☐ NO If yes, describe: _____

Personality Disorder: ☐ YES ☐ NO If yes, describe: _____

Other: _____

STRESSORS AND LOSSES:

☐ Financial, ☐ Housing, ☐ Legal, ☐ Physical Health, ☐ Relationship, ☐ Family, ☐ Employment

Other _____

Client Impact: _____

ADDITIONAL RISK FACTORS: _____

BRIEF SUMMARY/MENTAL STATUS: _____

PROTECTIVE FACTORS: _____

DIAGNOSTIC IMPRESSION: _____

RISK FORMULATION SUMMARY: _____

RISK REDUCTION PLAN/FOLLOW-UP/APPOINTMENT: _____

Clinician Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPLICATION FOR EMERGENCY ADMISSION CONSULTATION: _____

☐ Meets ☐ Does not meet Application for Emergency Admission Criteria

_____ _____

Consultant Signature Date

lmw rev 1-10-17

NAME: _____ CASE NO. _____