

CASE EXAMPLE

Suicide Tracking Form

Patient: TSgt. Thomas Anderson Clinician: Provider A Date: _____ Time: _____

Section A (Patient):

Rate each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, not stress, not physical pain*):

Low pain: 1 2 3 **4** 5 :High pain

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):

Low stress: 1 2 3 **4** 5 :High stress

3) RATE AGITATION (*emotional urgency; feeling that you need to take action; not irritation; not annoyance*):

Low agitation: 1 2 3 **4** 5 :High agitation

4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):

Low hopelessness: 1 2 **3** 4 5 :High hopelessness

5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):

Low self-hate: 1 **2** 3 4 5 :High self-hate

6) RATE OVERALL RISK OF
SUICIDE:

Extremely low risk: 1 **2** 3 4 5 :Extremely high risk
(will not kill self) (will kill self)

Section B (Clinician):

Resolution of suicidality: ☐ 1st session ☐ 2nd session

****Complete Suicide Tracking Outcome Form after 3rd consecutive resolved session**

Y ☒ N ☐ Suicidal Thoughts?

Y ☒ N ☐ Suicidal Feelings?

Y ☐ N ☒ Suicidal Behaviors?

Patient Status:

☐ Discontinued treatment ☐ No show ☐ Referral to: _____

☐ Hospitalization ☐ Cancelled ☒ Other: Weekly follow-up

TREATMENT PLAN UPDATE

Problem #	Problem Description	Goals and Objectives Evidence for Attainment	Interventions (Type and Frequency)	Estimated # Sessions
1	Self-Harm Potential	Outpatient Safety	Crisis Response Plan:	
2				
3				

Patient Signature

Date

Clinician Signature

Date