Self-Harm Office Checklist

Patient Identifier

Identification and Risk Assessment
☐ Screening completed

Screening tool used

Date

Safety Planning
☐ Safety plan developed with patient

Date

☐ Plan discussed with family (with consent)

Date

☐ Available lethal means discussed

Date

☐ Lethal means removal confirmed

Date

Referral
☐ Appointment made with behavioral health

Date

Provider or facility

Date

Staff member initials

Caring Contact
☐ Caring contact made within 48 hours

Method: ☐ Face to face ☐ Phone call ☐ Text message ☐ Email

Contact number or email address

Date

Staff member initials

Notes