

Self-Harm Office Checklist

Patient Identifier

Date of birth

Identification and Risk Assessment

Screening completed

Screening tool used

Date

Staff member initials

Safety Planning

Safety plan developed with patient

Date

Staff member initials

Plan discussed with family (with consent)

Date

Staff member initials

Available lethal means discussed

Date

Staff member initials

Lethal means removal confirmed

Date

Staff member initials

Referral

Appointment made with behavioral health

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
