

# SUICIDE CONSULTATION FORM

**Directions:** Student will complete this form when working with potentially suicidal client. The student will take this information to his/her supervisor for consultation, collaborate on a treatment plan, and place in client's file.

## Part I

Name of institution \_\_\_\_\_

Intern's name \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Supervisor's professional degree \_\_\_\_\_

Supervisor is licensed in \_\_\_\_\_ Supervisor is certified in \_\_\_\_\_

Client name \_\_\_\_\_ Client's age \_\_\_\_\_

If the client is a minor, has the parent signed a consent form? \_\_\_\_\_

When was the counseling initiated? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Where was counseling initiated? \_\_\_\_\_

Number of times you have seen this client \_\_\_\_\_

## Part II

Check the presenting symptoms often associated with a suicidal client.

Client is between the ages of 14 and 19. Yes \_\_\_\_\_ No \_\_\_\_\_

Client is depressed. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, include a description of the client's depressive behavior:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a previous attempt of suicide occurred? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long ago was the attempt? \_\_\_\_\_

Is the client abusing alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much does he/she drink? \_\_\_\_\_

Is the client abusing some other substance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what other substance? \_\_\_\_\_

Is rational thinking lost? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain how this behavior is manifested: \_\_\_\_\_

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Does the client have little social support? Yes \_\_\_\_\_ No \_\_\_\_\_

How does the client spend his/her time? \_\_\_\_\_

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Does the client have an organized suicide plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the plan? \_\_\_\_\_

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If a plan, does it seem irreversible, e.g. gunshot? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the client divorced, widowed, or separated? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the client physically sick? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the symptoms: \_\_\_\_\_

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Does the client have sleep disruption? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the disruption: \_\_\_\_\_

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Has the client given his/her possessions away? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the client have a history of previous psychiatric treatment or hospitalization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe for what the client was hospitalized: \_\_\_\_\_

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Does the client have anyone near him/her to intervene? Yes \_\_\_\_\_ No \_\_\_\_\_

**Part III**

Describe and summarize your interactions with the client. What are his/her basic problems? What is your goal with the client? What techniques are you using?

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Describe your supervisor's reaction to the problem:

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