

Clinical Social Work Risk/Safety Assessment (Harm to Self)

MGH Interpreter Services utilized? YES NO

Patient's Name:

MRN:

Date:

Time:

Reason for referral (Include here who made the referral, where you obtained the information for the assessment – i.e. meeting with parent, patient, chart review, etc.):

Patient's presentation (Affect/mood, willingness to engage, spontaneity of speech, etc.):

Patient's plan ("Are you thinking now about hurting yourself?" "Tell me about your thoughts of wanting to die." "Do you have a plan in mind? What is it?"):

Access to/Lethality of means ("Do you have a weapon?" "Where would you jump from?" "What pills would you use?", and can the method described be lethal?)

Severity of intent ("Do you plan to kill yourself?")

History of previous suicidality/suicide attempts (What happened, how long ago, how serious, how the patient feels about it now, if no attempt then what prevented them from acting on their suicidality in the past?):

Self-destructive behavior observed by SW (if any):

Any evidence that the patient is currently under the influence of a substance?

Demonstrated disorder of thought, mood, perception, orientation or memory to the extent that *judgment, behavior, capacity to recognize reality, and/or ability to meet the ordinary demands of life are impaired?* :

Protective factors (Family, friends, other social supports, belief system, specific coping mechanisms, etc.):

SUICIDAL ASSESSMENT (determination of likelihood of self-harm) by SW:

- Patient NOT at substantial risk for self-harm. Explain: _____
- Substantial risk of physical harm to the person himself/herself as manifested by evidence of threats of, or attempts at suicide or seriously bodily harm; *and/or*
- Very substantial risk of physical impairment or injury to the person himself/herself as manifested by evidence that such person's judgment is so affected that he/she is unable to protect himself/herself in the community and the reasonable provision of his/her protection is not available in the community.

Patient's response to MGH Acute Psychiatry Services (APS) referral:

- Patient agreed
- Patient did NOT agree
- Patient was not referred to APS

Actions taken by SW:

(check all that apply):

- Called MGH Police & Security: YES NO
- Informed APS: YES NO
- Discussed the need for further evaluation by APS with patient: YES NO
- Completed Section 12 order: YES NO
- Consulted with Clinical Director: YES NO
- Consulted with patient's mental health provider(s): YES NO N/A
- Accompanied pt to APS: YES NO
- Notified patient's MGH provider: YES NO
- Notified patient's PCP: YES NO
- Notified patient's mental health provider(s) of patient's disposition: YES NO N/A
- Consulted with MGH Office of General Counsel: YES NO N/A
- Called patient's town Police Department: YES NO N/A

Any necessary explanation: _____

Plan of Care/Referrals:

- Assessment by APS
- Follow up with patient this week
- Make referral for mental health services
- Other (and explanation): _____

Clinician Signature
Name of Clinician and Title:
Phone/pager number: