**History of Psychiatric Diagnosis/Symptoms**

### Current
- Depression/Mood
  - Negative Affect
  - Hopelessness/Not future-oriented
  - Anhedonia
  - Amotivation
  - Prominent thinking errors

- Manic Episode/Symptoms
  - Elevated/expansive mood

- Impulsivity/High-Risk Behavior
  - Sexual promiscuity
  - Binge drinking

- Substance Abuse
  - Current use

### Past
- Depressive/Mood
  - Negative Affect
  - Hopelessness/Not future-oriented
  - Anhedonia
  - Amotivation
  - Prominent thinking errors

- Manic Episode/Symptoms
  - Elevated/expansive mood

- Impulsivity/High-Risk Behavior
  - Sexual promiscuity
  - Binge drinking

- Substance Abuse
  - Current use

- Homicidality - # attempts: ___
  - Intent
  - Plan

- Anxiety/PTSD/Social Phobia
  - Dissociation/detachment from reality

- Psychosis
  - Command hallucinations
  - Delusions (paranoia, grandiosity)

- Antisocial Behaviors
  - Conduct Disorder
  - Legal Involvement

- Gender/Sexual Identity Issues

- Abuse/neglect/witnessed violence

- Parental criticism

- DCFS involvement (please circle): #:
  - Open Case vs. Closed Case

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**Medical Conditions (recent/chronic):**

**Family Function (please rate)**

1 Poor  2 Fair  3 Good

- Parental mental health
  - Current diagnosis:
  - Rate management of symptoms: 1 2 3
  - History of completed suicides in family: ________

- Familial support
  - Parental awareness: 1 2 3
  - Connectedness: 1 2 3
  - Involvement/Supervision: 1 2 3

- Access to means of harm: (please circle)
  - Guns / Medications / Knives / others: ______
  - Potential to limit access: Y / N

- Social Function/Support
  - Please rate each below:
    - Academic achievement: 1 2 3
    - Self-Esteem: 1 2 3
    - Peer affiliations: 1 2 3
    - Extracurricular: 1 2 3
    - Social Support: 1 2 3
  - Contagion effect (recent exposure to suicide) Y / N describe:

- Spirituality/Religion
  - Connectedness/Support
  - Belief about death:

- Overall Estimated Risk for Future Self-harm
  - Low  High
  - Moderate  Imminent

- Identified Factors to Lower Risk
  - Safety plan: ______
  - Address psychosocial stressors: ______
  - Augment social support: ______
  - Identify level of treatment required: ______
  - Schedule appointment: Provider, date & time: ______
  - Parental education: ______

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**Recommended Disposition:**

- D/C to home
- Psychiatric admission
- Psychiatric outpatient follow up
- Therapy outpatient follow up