FANSHAWE
Counselling & Accessibility Services

# Counselling and Accessibility Services – Suicide Risk Screening Form

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|---|---|---|---|
| Name: | | Student #: | Date of Birth: |
| Local Address: | | Phone: | |
| **A:** Thoughts: Suicidal ☐ | Client defined frequency | ☐ Hourly, ☐ daily, ☐ weekly | |
| | Intensity Now | Low 1 2 3 4 5 6 7 8 9 10 High | |
| | How bad does it get? | Low 1 2 3 4 5 6 7 8 9 10 High | |
| | Intention of acting on thoughts | Low 1 2 3 4 5 6 7 8 9 10 High | |
| **B:** Prior suicide ideation | Y ☐ N ☐ If yes: | | |
| | | | |
| | | | |
| **C:** Prior suicide attempt | Y ☐ N ☐ If yes: | | |
| | | | |
| | | | |
| **D:** Current plan | Y ☐ N ☐ Specify: | | |
| | | | |
| | | | |
| **E:** Availability of Means: | | | |
| | | | |

| **F: Risk Factors** | | **Notes:** |
|---|---|---|
| 1. Client lives alone | Y ☐ N ☐ | |
| 2. Client reports being angry with others | Y ☐ N ☐ | |
| 3. Client reports indifference/apathy | Y ☐ N ☐ | |
| 4. Client has given away prized possessions | Y ☐ N ☐ | |
| 5. Alcohol abuse<br>Other Drugs | Y ☐ N ☐<br>Y ☐ N ☐ | Frequency: High Medium Low<br>Frequency: High Medium Low |
| 6. Depressive symptoms | Y ☐ N ☐ | |
| 7. Symptom screening tool attached | Y ☐ N ☐ | |
| 8. History of suicide by family/friend | Y ☐ N ☐ | |
| 9. Taking mood stabilizing Medication | Y ☐ N ☐ | |
| 10. Mental health diagnosis | Y ☐ N ☐ | |
| | | |
| **G.** Family/Social Support: | Y ☐ N ☐ | Social Isolation ☐ |
| | | |
| **H.** Critical Event/trigger: | Y ☐ N ☐ | |
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|---|---|---|
| **I.** Recent or significant losses: | Y ☐ N ☐ | |
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| Deterrents to Suicide: | | |
| | | |
| | | |
| **PLAN** | | |
| ☐ Safety contract done with student and attached | | |
| ☐ Advised of Hospital Emergency Department services. Specify: | | |
| ☐ Sent to ER ☐ Contacted CEPS Nurse: 519- 685-8500 x54932, CEPS FAX: 519-685- 8091<br>Can have CEPS Social Worker paged (pager# 14505) | | |
| ☐ London Mental Health Crisis Service: 519-433-2023 | | ☐ Called with Client, ☐ Number provided<br>(Counsellor: Identify yourself as 'service provider') |
| ☐ Fowler Kennedy Clinic at Fanshawe 5 19-452-4230 | | ☐ Called with Client, ☐ Referral Form |
| ☐ Campus Security (519-452-4400) in Emergency x4242) | | ☐ Called with Client, ☐ Number provided |
| ☐ Police 911 or Police Family Consultants 519-661-5636 | | ☐ Called with Client, ☐ Number provided |
| ☐ Family Doctor: | | ☐ Called with Client, ☐ Client will call |
| ☐ Parents/Family/Friends/Spouse: | | ☐ Called with Client, ☐ Client will call |
| ☐ Consulted with Manager or other Counsellor | | Name: |
| ☐ C&AS Counselling or Case Mgnt Appointment Scheduled | | Date: Name: |
| ☐ Counsellor's perception of risk: | | Low 1 2 3 4 5 6 7 8 9 10 High |
| | | |
| Other comments: | | |
| | | |
| | | |
| | | |
| Print Name and Sign Counsellor: | | Date: |
| Print Name and Sign: Manager: | | Date: |
| Print Name and Sign: Consulting Counsellor: | | Date: |

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT The information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, Ontario Regulation 34/03. The information is used for administrative and statistical purposes of the college and/or the ministries and agencies of the Government of Ontario and the Government of Canada. For further information, please contact Senior Manager, Counselling and Accessibility Services, Fanshawe College, 1001 Fanshawe College Blvd, P.O. Box 7005, London, Ontario N5R 5R6, 519.452.4282.

Updated August 2017 SB