

## **CRISIS ASSESSMENT**

**Author Name:**

**Effective Date:**

**Status:**

**Referral Source:**

/ /

New

### **Overview-**

Presenting Problem:

Circumstances leading to current crisis:

Relevant History:

Substance Use:

Agencies/Programs involved with client (circle):

MH Court

Drug Court

Social Services

Public Guardian

Probation

Parole

AB109

Other

Describe (include relevant contacts):

Current psychotropic medications and prescriber:

Any allergies or special precautions?

Yes

No

Unknown

If yes, please describe:

Indicated risk of (circle):

Danger to Self

Danger to Others

Grave Disability

## **DANGER TO SELF**

### ***Current Risk to Self-***

Does the client currently have thoughts or plans of suicide?		Yes	No	
Type (circle):	Ideation	Plan	Means	Attempt
Start Date:	End Date:		Method:	
Was the attempt witnessed?		Yes	No	Unknown
Was the attempt impulsive or planned?		Impulsive	Planned	Unknown
Was the attempt made with a clear desire to kill self?		Yes	No	Unknown
Does the client regret the attempt?		Yes	No	Unknown
Outcome of the attempt:				

Comments:

### ***Historical Risk to Self-***

Does the client have a history of thoughts or plans of suicide?		Yes	No
Type (circle):	Ideation	Plan	Attempt
Approximate Time Frame:	_____		Method: _____
Outcome of the attempt:			

Comments:

### ***Risk Factors-***

Is the client being physically, sexually, or emotionally abused by someone in their life?	Yes	No	Unknown
Was the client given more information about Domestic Violence Services?	Yes	No	N/A

Describe:

Does the client hear voices?	Yes	No	Unknown
If yes, do the voices tell the client to harm or kill themselves?	Yes	No	Unknown

If yes, describe:

Has the client experienced the suicide of a family member or friend?	Yes	No	Unknown
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If yes, describe:

Does the client engage in or have a history of self-harm or other self-destructive behaviors?	Yes	No	Unknown
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If yes, describe:

Factors increasing risk (circle):

- |                         |                         |                            |                     |
|-------------------------|-------------------------|----------------------------|---------------------|
| Acute suicidal ideation | Feeling Overwhelmed     | Substance use              | Age <21 or >65      |
| Rational thinking loss  | Unable to complete ADLS | Depression or hopelessness | Self-harm behaviors |
| Other                   | Experienced trauma      | Signs of preparation       | None                |
| Loss of loved one       | Lacks social support    |                            |                     |

Describe:

Factors decreasing risk (circle):

- |                                      |                                |  |
|--------------------------------------|--------------------------------|--|
| Ability/actively perform safety plan | Actively seeking treatment     | Community involvement                      |
| Currently enrolled in BH services    | Other                          | Prior history of safe completion of crisis |
| Family/Friends/Other supports        | Financially able to meet needs | None                                       |

Describe:

## **DANGER TO OTHERS**

### ***Current Risk to Others-***

Does the client currently have thoughts or plans to harm others?

Yes

No

If yes, explain (include Duty of Protect):

Tarasoff Warning indicated?

Yes

No

Tarasoff Criteria:

A. What is the specific threat?

B. Who or what is the target?

C. What are the means?

D. Does the client have access to the means?

Yes

No

Unknown

E. Who needs to be informed? What is their phone number?

F. Other Comments:

Does the client have access to weapons?

Yes

No

Unknown

If yes, explain:

Does the client have thoughts or plans on setting fires?

Yes

No

Unknown

If yes, explain:

Does the client have fantasies/obsessive thoughts about others?

Yes

No

Unknown

If yes, explain:

***Historical Risk to Others-***

Does the client have a history of thoughts or plans to harm others? Yes No Unknown

If yes, explain:

Does the client have a history of stalking or harming others? Yes No Unknown

If yes, explain:

Does the client have a history of thoughts or plans on setting fires? Yes No Unknown

If yes, explain:

Does the client have a history of obsessive thoughts about others? Yes No Unknown

If yes, explain:

**GRAVE DISABILITY**

A. Does the client have financial income or stability?	Yes	No	Unknown
B. Does the client have the ability to access food?	Yes	No	Unknown
C. Is the client appropriately clothed?	Yes	No	Unknown
D. Does the client have the ability to access shelter?	Yes	No	Unknown
E. Do the mental health symptoms interfere with the client's ability to provide food, clothing, and/or shelter for themselves?	Yes	No	Unknown

Describe:

## SUMMARY

**Risk Level-** (select one)

\_\_\_\_\_ Elevated risk: Immediate risk to self or others. Current and/or recent history of suicidal plans or behaviors, violence, threats, or similar acting-out behavior which may be associated with disorganized mental state or substance abuse.

\_\_\_\_\_ Concern of risk: Thoughts of harm without a plan. No recent history of elevated risk factors, yet does have a history of suicide attempts, violence, or threats, which may be associated with a disorganized mental state or substance abuse.

\_\_\_\_\_ Low risk: No past history of suicide attempts or violence, but clinical presentation contains some factors which might raise concern.

\_\_\_\_\_ Minimal risk: No known risk factors for harm to self or others.

Describe:

Does the client meet criteria for an involuntary hold?      Yes      No

DTS \_\_\_\_\_

DTO \_\_\_\_\_

GD \_\_\_\_\_

Describe (include reason for involuntary hold or release):

Safety Plan/Next Steps: