



Risk Assessment Form

Name: _____

Date: _____

Self-Defeating Behaviors Risk Assessment:

What are your self-defeating thoughts and behaviors you want to decrease or eliminate?

What are situations, thoughts or moods typically lead you to do any self-defeating behavior, self-destructive habit?

What do you do on your own to help yourself feel better or distract yourself when you feel yourself headed toward a crisis?

Who are people you can contact when you are upset to improve your mood and distract yourself?

List the most important things to you that make you want to stay alive and healthy:

**** If you answer yes to any of the following please complete Page 2**

Is there anything in your environment that you have thought about or have used as a means of harming yourself? ____yes ____no

If yes, please describe how you will make your environment safer:

Do you have current thoughts of harming yourself or anyone else? ____yes ____no

Have you ever considered or attempted suicide? ___yes ___no

If yes, when and what happened?

Safety Plan:

Support System:

Who are people you can contact for help when you do not feel safe on your own?
(Names & Phone #s)

Professionals to Assist in Crisis:

Clinician Name: _____ Phone #: _____

Clinician Name: _____ Phone #: _____

***Your therapist at Mindful Mind and Body is not available for immediate crisis. Contact your providers with 24-hr availability for assistance in emergencies.**

Local Urgent Care Services:

Alliance Behavioral Healthcare Hotline: 800-510-9132

Mobile Crisis Unit 877-626-1772 NAMI Mental Health Crisis Line 844-549-4266

Hopeline 919-231-4525 Mental Healthline 888-537-6606

Wakebrook Crisis Center: 107 Sunnybrook Rd. Raleigh; Ph #: 984-974-4800

Holly Hill Hospital: 3019 Falstaff Rd. Raleigh; Ph #: 919-250-7000

Suicide Prevention Lifeline: 1-800-273-TALK (8255) <http://suicidepreventionlifeline.org/> **Safety**

Plan:

Comfort/Distract; Reach Out for Support: Contact Medical/Mental Health Professionals; Make Environment Safe; Go Somewhere Safe;

Avoid Drugs and Alcohol; Take Time Off to Take Care of Your Mental Health; Intensive Out-Patient Treatment (ie Cary Behavioral; Pasadena Villa, Holly Hill)

Stay Alive and Safe; Hospital or Crisis Center; Call 911

Are you willing and able to commit to following the safety plan here to protect yourself now or in the case of a crisis in the future? _____yes _____no

Client Name: _____ Date: _____

Signature: _____ Client given copy _____ (Initial)