**Consumer Name:**       **Incident Date:**       **UIRMS #:**

1. Was the consumer seen by a Designated Screening Center within the last 60 days? [ ]  No [ ]  Yes If yes, please provide:

Screening Center Name:       Screening date:       Disposition (i.e. face-to-face/phone follow-up):

Provide the name of the community mental health service provider(s) and specific program element(s) to which the individual was linked at the time of discharge.

1. Describe any recent stressors in the consumer’s life that could have triggered an increase in psychiatric symptoms, such as: recent hospitalizations, loss of significant other/relationship, loss of job, financial or legal issues, significant medical conditions, loss of and/or change in medications, etc.

* 1. What interventions were implemented and what were the outcomes?

1. Did the consumer express any suicidal and/or homicidal ideation? [ ]  No [ ]  Yes
	1. Did the consumer express any suicide plan or intent? [ ]  No [ ]  Yes If yes, what interventions were implemented and what were the outcomes (i.e. crisis/safety plan)?

* 1. Did the consumer leave a suicide note? [ ]  No [ ]  Yes If yes, please summarize.

1. Describe any recent or history of suicide attempts, including dates, method and severity of the suicide attempts.

1. Did the consumer require medical treatment and/or inpatient psychiatric treatment? [ ]  No [ ]  Yes
2. What interventions were implemented by the community mental health care provider and what were the outcomes?

1. Was a suicide risk assessment completed on the consumer?

[ ]  No Please explain:

[ ]  Yes Name/type of assessment tool used:

 Date and outcome of the last assessment:       (Please attach this assessment.)

1. Was the consumer referred to a higher-level, credentialed clinician to assess for suicidality?

[ ]  No [ ]  Yes Name, title, and credentials of the higher-level clinician:

 Date and result of the referral:

1. Describe any demonstration of recent violent or assaultive behavior.

1. What interventions were implemented and what were the outcomes?

1. Describe how contributing factors such as medications, substance use issues and self-injurious behavior were addressed.

1. What was the consumer’s medication (psychiatric and medical – including Medication Assisted Treatment) adherence?

1. How did the agency collaborate with the consumer’s primary care physician or specialist?

1. Please, list the consumer’s official cause of death (if known).