Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

MOCLI60436

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

Installation : _____

SCREENING FOR SUICIDE RISK

Signs of distress	Critical moments

CHECK FOR SUICIDAL THOUGHTS		
Are you currently thinking about suicide?	☐ **YES**	☐ **NO**
Have you thought about suicide in the past few months?	☐ **YES**	☐ **NO**
Have you attempted suicide in the past year?	☐ **YES**	☐ **NO**
	☐ **Positive screening**	☐ **Negative screening**

CHECK FOR INDICATORS					
1	**Suicide scenario (HWW)**	☐None		☐ Partial or complete and not imminent (+ 48 hrs.)	☐ Complete and imminent (- 48 hrs.)
	Description of scenario				
2	**Intoxication**	☐ No		☐ Intoxicated but coherent	☐ Intoxicated and incoherent Medical attention required
	Description of intoxication				
3	**Impulsivity**	☐ No		☐ Impulsive but contact with reality	☐ Loss of control or contact with reality
	Description of impulsivity				
4	**Network involved**	☐ Yes		☐ No	
	Description of network				

CHECK FOR SUICIDAL THOUGHTS				
Are you currently thinking about suicide?			☐ **YES**	☐ **NO**
5	**Openness to receiving help**	☐ Yes	☐ No	
	Description of openness			

DETERMINE PROTECTIVE MEASURES REQUIRED				
Protective measures	**4 or 5 indicators**	**1 indicator**	**2 or + indicators**	**1 or + indicators**
	☐ **Normal**		☐ **Strict**	☐ **Constant**

REFUSAL OF SERVICE	
Reason for refusal of service	
Steps taken	

APPLY PROTECTIVE MEASURES			
General measures	☐ **Involve a loved one (parent if under 18)** **Name:** **Contact information**: ☐ **Consent to involve a loved one/notify a parent** ☐ **If under 18, parent notified without consent**.		
	☐ **Remove access to method** ☐ **Check access to firearms (even if not an identified method)** **Steps**:		
	☐ **Inform about resources available 24/7** **Contact information**:		
	Other actions:		
	REGULAR MEASURES	**STRICT MEASURES**	**CONSTANT MEASURES**
Specific measures	**Referral for a comprehensive intervention <u>within 72 hours</u>** **Details:**	**Referral for a comprehensive intervention <u>within 24-48 hours</u>** **Details:**	**Referral for a comprehensive intervention <u>as soon as possible</u>** **Details:**
		Safety net set up with the person:	**Other actions (e.g., call 911):**
Measures in hospital/crisis housing		**Monitor every 15 minutes** **Details:**	**Constant monitoring** **Details:**
		Confiscation of dangerous objects (respectfully) **Details:**	**Confiscation of dangerous objects (respectfully)** **Details:**

CHECK FOR SUICIDAL THOUGHTS			
Are you currently thinking about suicide?		☐ **YES**	☐ **NO**
			Other actions (e.g., hospitalization):

PROTECTION FACTORS	
Reasons for living	
Exceptional moments	
Ideal future	
Strengths	

CONCLUSION OF INTERVENTION	
Safety net	

NOTES

Signature and title: _____ **Date:** _____
yyyy-mm-dd