

**ASSESSMENT OF SUICIDE AND RISK INVENTORY**

FOLLOW-UP WORKSHEET

PATIENT IDENTIFICATION

**Risk Assessment Follow-Up**

**Assessment of Suicide Risk Direction**

IMPROVED

NO CHANGE

DETERIORATED

Recommended to update ASARI

**Current Assessment of Suicide Risk**

LOW

MODERATE

HIGH

**Acuity Assessment of Suicide Risk**

CHRONIC

CHRONIC with ACUTE Exacerbation

ACUTE

**Treatment/Interventions**

No specific interventions recommended as risk felt to be baseline / low

**Follow-Up**

**Completed By**

**Signature**

**Date**

DD MM YY

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