Self-Harm Office Checklist

Patient Identifier

Date of birth

Identification and Risk Assessment

☐ Screening completed

☐ Screening tool used

Safety Planning

☐ Safety plan developed with patient

☐ Plan discussed with family (with consent)

☐ Available lethal means discussed

☐ Lethal means removal confirmed

Referral

☐ Appointment made with behavioral health

☐ Provider or facility

Caring Contact

☐ Caring contact made within 48 hours

Method: ☐ Face to face ☐ Phone call ☐ Text message ☐ Email

Contact number or email address

Date

Staff member initials

Notes