Self-Harm Office Checklist

Patient Identifier

Date of birth

Identification and Risk Assessment

☐ Screening completed

Screening tool used	Date	Staff member initials

Safety Planning

	Date	Staff member initials
☐ 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	Date	Staff member initials

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