

McLaren Print System Order

Order No: 86977
 Order Date: 2024-07-16
 User: Wendy Werner
 Phone: 9896735103

Ship Location: ATT. WENDY WERNER
 401 N. HOOPER ST
 CARO, MI 48723

Form
 Quantity: 2500
 Paragon Dept No: 21600
 Dept Name: ER
 Company Number:

Order Total Price: 495.00

Item Number: MHCC-761
 Item Description: SUICIDE SEVERITY RATING Form
 Revision Date: 04/2024
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 8.5x11 Color No Bleed DS 70#Text



ONE McLaren

Suicide Screening Assessment and Interventions
 Policy Number: MHC_OI0003
 APPENDIX 7.1 Columbia Suicide Severity Rating Screen (5-SRS)

Ask questions that are bolded and underlined .	Past Month	
	Yes	No
Ask Questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Have you been thinking about how you might do this? <i>(e.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it... and I could never go through with it.")</i>		
4) Have you had these thoughts and had some intention of acting on them? <i>(As opposed to "I have the thoughts but I definitely will not do anything about them.")</i>		
5) Have you started to work out or worked out the details of how to kill yourself? <i>Did you intend to carry out this plan?</i>		
6) Have you ever done anything, started to do anything, or prepared to do anything <u>your life</u>? <i>Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills, but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i>		Lifetime
		Past 3 Months
If YES, ask: Was this within the past three months?		

Spec Info:

- Item 1 Behavioral Health Referral at Discharge
- Item 2 Behavioral Health Referral at Discharge
- Item 3 Behavioral Health Referral at Discharge
- Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
- Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
- Item 6 Item 1 within 30 days Behavioral Health and Patient Safety Precautions
- Item 7 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions