BP-A471.063
JUN10

SUICIDE RISK ASSESSMENT

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Institution	Interviewer	Date

Name of Inmate	Register Number	Sex	Age	Race

Housing Status	Length of Sentence	Time Served	Number of Prior Attempts
☐ DS ☐ AD ☐ HO ☐ HOSP ☐ POP			

Type of Attempt	Assessment of Lethality
☐ Hangin ☐ Cutting ☐ Ingestion ☐ Jumping ☐ Other	LOW: ☐ 1 ☐ 2 ☐ 3 MED: ☐ 4 ☐ 5

REASON FOR REFERRAL

FINDINGS

ACTIONS

☐ A formal Suicide Watch is not warranted at this time

☐ A formal Suicide Watch is to be initiated

RECOMMENDATIONS

Original - Central File; Copy - Suicide Prevention File; Copy - Medical Record; Copy-Warden