VR EMERGENCYOFFICE PROCEDURES FOR SUICIDE RISKS

BE FLEXIBLE AND OBTAIN INFORMATION IN ANY ORDER

OBTAIN INFO	RMATION			
Name:				
Address:				-
Current Location:				
Gender/Client Type:	☐ Male	☐ Female	☐ Adult	☐ Transition
Specialist's Name:			Time of Con	tact:
 Do NOT give s Ask the caller in Keep the person Reflect their en 	pecific advice or f he/she is thinking on the phone and notions. ERISK (G	et enough inform	nformation ation to decide o	n action(s) to take.)
Does the caller have	a plan? When/h	iow:		
☐ Lethal mea	etailed well thoug ans – Handgun, h neans – e.g., has)	
ADDITIONAL R	ISK FACTO	ORS		
☐ Intent to die ☐ Hopeless/helplessne	—	ntoxicated No connection with		Will not agree to meet with someone Overwhelming Psych./phys. Pain
☐ If violent plan, will it effect, hurt or endanger others? How many/who:				
RISK LEVEL AN	ND PLAN O	F ACTION		
☐ Not Imminent – Ag	grees to your supp tify VR Specialis	port in contacting a st by voice mail/e-1	counselor, pasto nail or Meeting n	
				N TO CALLER:
☐ Report action taken	to Office Directo	or and document in	QE2 Task Notes	
QE2 Task Note revi	iewed and approv	ved by Office Dire	ctor.	