



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
 910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

Suicide Prevention Assessment Tool			
Consumer Name:	DOB:	Record ID:	
Agency Name:	Service(s) Reviewed:		
Reviewer:	Review Date:		
Questions:			
1. Is there a complete MH assessment including medical and psychiatric co-morbidity, psycho-social status, medications, inpatient history, suicide ideation and substance abuse involvement?	Yes	No	N/A
3. Does the treatment plan contain both psycho-pharmacological and behavioral therapy, psycho-education linkage to the community and social network support?			
4. Does the crisis plan address patient-specific suicidal ideation symptoms and interventions?			
5. If client is 65 years or older, are they taking 4 or more medications total? (For medical and/or mental health reasons)			
6. If client is a child (1-17), are they on two or more antipsychotics?			
9. Is there documentation of medication management?			
10. If YES; is there evidence of coordination with prescribing physician?			
11. If NO; was an evaluation recommended?			
12. Is there evidence of follow-up on recommendation status?			
2. Is assessment for risk of harm to self or others done each visit?			
2. What types of therapy are being utilized?			
a. Individual Therapy?			
b. Group Therapy?			
c. Family Therapy?			
d. Psycho-education?			
Maintenance			
1. Documentation of on-going assessment for:			
a. Suicidal Ideation?			
b. Clinical Status?			
c. Changes in Medical & Psych Co-morbidity (new medical issues reported, etc.)?			
d. Changes in Psycho-social Status (housing, changes in family circumstances, employment)?			
e. Observable, or client reported, side effects of meds?			
*For Prescribing Physicians Only (to be used in ADDITION to previous page)			
Questions:			
1. If client is a child, and is on two or more antipsychotics, is there evidence of metabolic testing? (Look for catchphrases like "CMP and resting metabolic rate, weight loss/gain")	Yes	No	N/A
2. Is lab work being ordered to ensure therapeutic levels?			
3. Is there on-going assessment for side effects of medication?			
4. Is there on-going assessment for medication compliance?			
a. If non-compliant, were barriers addressed?			
5. Does this client have a Major Depressive Disorder diagnosis?			
a. If YES, Have they been on antidepressant medications for 6 months or more?			
			<i>Date Below</i>
(Printed Name of Clinical Reviewer above, if applicable)			
(Signature of Clinical Reviewer above, if applicable)			

HEDIS measures utilized: Metabolic Monitoring of Children; Adolescents on Antipsychotics; Use of Multiple Concurrent Antipsychotics in Children and Adolescents. Clinical Practice Guidelines utilized: NGC-8078, NGC-9575, NGC-9710, NGC-100452, NGC-10123, NGC-10234.

P.O. Box 9, West End, NC 27376
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