Appendix D: Sample Forms

Oregon Department of Human Services - Health Services

Adolescent Suicide Attempt Report

1. Name of hospital: ___________________________ County: ___________________________

2. Date of attempt (Month/Day/Year): ___________ / ___________ / _______

3. Admitted as an in-patient? □ Yes □ No □ Transferred to another hospital (Specify): ___________________________

4. Patient or hospital chart number: ___________________________

5. Date of birth (Month/Day/Year): ___________ / ___________ / _______

6. Sex: □ Male □ Female

7. Race: □ White □ Black □ Am. Indian □ Other (Specify): ___________________________ □ Hispanic: □ Yes □ No

9. Residence City: ___________________________ County: ___________________________

10. Patient lives with:

□ Both parents □ Parent and stepparent □ Father only □ Mother only □ Foster parents

□ Juvenile facility □ Friends □ Homeless □ Unknown □ Other (Specify): ___________________________

11. Place of attempt:

□ Own home □ Other home □ Foster home □ School □ Juvenile facility □ Other (Specify): ___________________________

12. Method or methods used in attempt:

Poisoning by solid or liquid substance including drug or alcohol overdoses and other potentially toxic substances - Specify substance(s):

Hanging or suffocation - Specify method: ___________________________

Firearms and explosives - Specify type (Hand gun, rifle, shotgun,炮 etc. - Specify: ___________________________

Cutting or piercing - Specify instrument and body part: ___________________________

Other means such as motor vehicle crash, drowning, etc. - Specify: ___________________________

13. History of mental health issues:

□ Major depression □ Psychosis □ Bipolar disorder □ ADHD or ADD □ Adjustment disorder

□ Conduct disorder □ PTSD □ Eating disorder □ Other (Specify): ___________________________ □ None □ Unk.

14. Number of previous suicide attempts made during lifetime:

□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6+ □ Attempts made, but # unknown □ History unknown

15. Precipitating events and risk factors:

□ Family discord □ Argument or breakup with boyfriend/girlfriend □ Peer pressure/argument

□ School problems □ Suicide or attempt by friend/relative □ Pregnancy

□ Death of friend/relative □ Move or new school □ None

□ Physical abuse - Specify type and perpetrator, if known: ___________________________

□ Sexual abuse or rape - Specify type and perpetrator, if known: ___________________________

□ Alcohol and/or drug abuse - Specify substance(s): ___________________________

□ Prior arrests and/or convictions of a crime - Specify: ___________________________

□ Other - Specify: ___________________________

16. Did the youth tell others of his/her plan to attempt/commit suicide? □ Yes □ No □ Unknown

If yes, whom did the youth tell? □ Parent □ Friend □ Teacher □ Other (Specify): ___________________________

17. Was the youth referred for intervention? □ No □ Yes - Specify to whom: ___________________________

18. Name of person completing report (Print): ___________________________ Dept.: ___________________________