Oregon Department of Human Services
Health Services

Adolescent Suicide Attempt Report
Zero Attempts

1. Name of hospital ________________________________

2. Hospital county ___________________

3. During (Month/Year) _________________ / ___________, no youth 17 or younger was treated here for a suicide attempt.

ORS 441.750 states that “Any hospital which treats as a patient a person under 18 years of age because the person has attempted to commit suicide: . . . Shall report statistical information to the Department of Human Services about that person. . . .”

Contact Person at this Facility
Please print

Name ____________________________
Title _____________________________
Department _______________________
Telephone ________________________

Mail this form to the address below no later than the 15th of the month following any month in which there were no youths treated at your hospital for a suicide attempt.

Adolescent Suicide Attempt Data System
Center for Health Statistics
P.O. Box 14050
Portland, Oregon 97293-0050

Telephone: 503-731-4474
Fax: 503-731-3076