



Louisiana Tech University
College of Education
Psychology and Behavioral Sciences

Suicide Consultation Form

Directions: Student will complete this form when working with potentially suicidal client.
The student will take this information to his/her supervisor for consultation,
collaborate on a treatment plan, and place in client's file.

Part I

Name of Institution: _____

Intern's Name: _____

Supervisor's Name: _____

Supervisor's Professional Degree: _____

Supervisor is licensed in _____

Supervisor is certified in _____

Client's name: _____ Client's Age: _____

If the client is a minor, has the parent signed a consent form? _____

When was the counseling initiated? Month _____ Day _____ Year _____

Where was counseling initiated? _____

Number of times you have seen this client _____

Part II

Check the presenting symptoms often associated with this suicidal client.

Client is between the age of 14 and 19. Yes _____ No _____

Client is depressed. Yes _____ No _____

If yes, include a description of the client's depressive behavior.

Has a previous attempt of suicide occurred? Yes _____ No _____

If yes, how long ago was the attempt? _____

Is the client abusing alcohol? Yes _____ No _____

If yes, how much does he/she drink? _____

Is the client abusing some other substance? Yes _____ No _____

If yes, what other substance? _____

Is rational thinking lost? Yes _____ No _____

If yes, explain how this behavior is manifested. _____

Does the client have little social support? Yes _____ No _____

How does the client spend his/her time? _____

Does the client have an organized plan? Yes _____ No _____

If yes, what is the plan? _____

If a plan, does it seem irreversible, i.e. guns versus pills. Yes _____ No _____

Is the client divorced, widowed, or separated? Yes _____ No _____

Is the client physically sick? Yes _____ No _____

If yes, describe the symptoms. _____

Does the client have sleep disruption? Yes _____ No _____

If yes, describe the disruption. _____

Has the client given his/her possessions away? Yes _____ No _____

Does the client have a history of previous psychiatric treatment or hospitalization?

Yes _____ No _____

If yes, describe for what the client was hospitalized. _____

Does the client have any one near him/her to intervene? Yes _____ No _____

Part III

Describe and summarize your interactions with the client. What are his/her basic problems?

What is your goal with the client? What techniques are you using? _____

Describe your supervisor's reaction to the problem. _____

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Supervisor's Signature

What are your plans for the client? _____
