

| | |
|---|---|
| <p style="text-align: center;">Suicide Precautions (SP) Rounds</p> <p style="text-align: center;">(to be completed by the psychiatrist/psychologist during rounds on offenders/detainees on SP status)</p> | <p>Facility: _____</p> <p>Offender: _____</p> <p>GDC ID#: _____</p> <p>DOB: _____</p> <p>Race: _____ Sex: _____</p> <p>Date: _____</p> |
|---|---|

D. Offender/Detainees current concerns: _____

Suicide risk indicators: _____

Mental Status: _____

A. Current assessment (include risk/protective issues): _____

The main psychiatric diagnoses is: [] unchanged
[] changed to: _____

P. Suicide Precautions Status: [] no change
[] change to _____

Property restriction/safety precautions: [] no change
[] change (add or delete) as follows: _____

Recommended therapeutic interventions: _____

Recommended Level: _____

| | |
|--------------------------------|---------------|
| _____ Signature (PhD or MD) | _____ Date |
|--------------------------------|---------------|