SUICIDE PREVENTION WATCH/REMOVAL

Juvenile Name:                                  Date:          
Case Number:                                   Time:          

PLACEMENT ON SUICIDE WATCH

JUSTIFICATION FOR PLACING JUVENILE ON SUICIDE WATCH (explained):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

☐ MaySI-2 Suicide Ideation Score:  0 1 2 3 4 5
☐ Columbia Screener: (mark each item that was answered yes)  1 2 3 4 5 6

WHO WAS NOTIFIED?

☐ Parent/Guardian: _______________________________
  Voicemail - Date______ Time: __________
☐ Was the Telehealth Calendar reviewed? Next clinician notified____________________
☐ Facility Admin/ Clinician: _______________________________
☐ Probation Officer/Case Manager: __________________
  Voicemail - Date______ Time______

STAFF PLACING JUVENILE ON SUICIDE WATCH:

_____________________________________________________

Clinical Follow-Up

Clinician Name:                                  Date:          Time:          

Was Youth Removed From SW: ☐ Yes or ☐ No

Review Team:

Approving Clinician Signature (if removed):

Who was contacted (Guardian, PO, CW, CM, ETC.):

☐ Voicemail                             Date: _________  Time: _________
### Clinical Follow-Up Continued

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<thead>
<tr>
<th>Clinician Name:</th>
<th>Date:</th>
<th>Time:</th>
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<tbody>
<tr>
<td><strong>Was Youth Removed From SW:</strong></td>
<td>Yes</td>
<td>No</td>
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**Review Team:**

**Approving Clinician Signature (if removed):**

**Who was contacted (Guardian, PO, CW, CM, ETC.):**

- [ ] Voicemail

**Justification:**

**Follow Up Plan:**
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