

# Suicidal ideation (03/22) (101467)

**Category: TEMPLATES TO RELEASE**

**Scheduled appt type:** \_\_\_\_\_

**CC** Suicidal thoughts

Parent / patient voices concerns of patient expressing suicidal thoughts Onset:

**HPI**

Specific plans verbalized (Yes/No, if yes, provide details) Social media postings of concern: Known acute stressors: Prior history of suicidal thoughts? Prior history of suicidal attempt? Family history of substance abuse (Y/N): Family history of suicide / attempt (Y/N): Treatments attempted (counseling / on-line therapist, support group, school):

**freeform**

**ROS** \_\_\_\_\_

## Structured ROS

Pert: decreased interest in social activities and hobbies that used to be pleasurable	<input type="checkbox"/>
Pert: change in appetite	<input type="checkbox"/>
Pert: difficulty sleeping	<input type="checkbox"/>
Pert: feeling listless, lethargic	<input type="checkbox"/>
Pert: sense of worthlessness	<input type="checkbox"/>
Pert: feeling sad	<input type="checkbox"/>
Pert: change in language, academic or work performance	<input type="checkbox"/>
Pert: irritability	<input type="checkbox"/>
Pert: bullying perpetrator	<input type="checkbox"/>
Pert: bullying victim	<input type="checkbox"/>
Pert: feeling scared or anxious	<input type="checkbox"/>
Pert: crying more than usual	<input type="checkbox"/>
Pert: feeling that people are out to get you	<input type="checkbox"/>
Reports: thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>
Pert: experiencing visions or hearing voices	<input type="checkbox"/>
Pert: trouble concentrating	<input type="checkbox"/>
Pert: racing thoughts	<input type="checkbox"/>
Pert: headache	<input type="checkbox"/>
Pert: high stress levels	<input type="checkbox"/>
Pert: not sleeping well	<input type="checkbox"/>

## Structured exam

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### Remaining template documentation elements

<b>Counseling:</b>	History of substance use / high risk behaviors?
<b>Coordination of Care:</b>	_____
<b>Diagnosis:</b>	_____ (_____)
<b>Assessment:</b>	_____
<b>Plan:</b>	_____
<b>Patient Instructions:</b>	

### Remaining workflow elements

#### Procedures

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#### Orders

Survey	Depression Screen: PHQ-9	
Survey	CRAFFT Screening	