

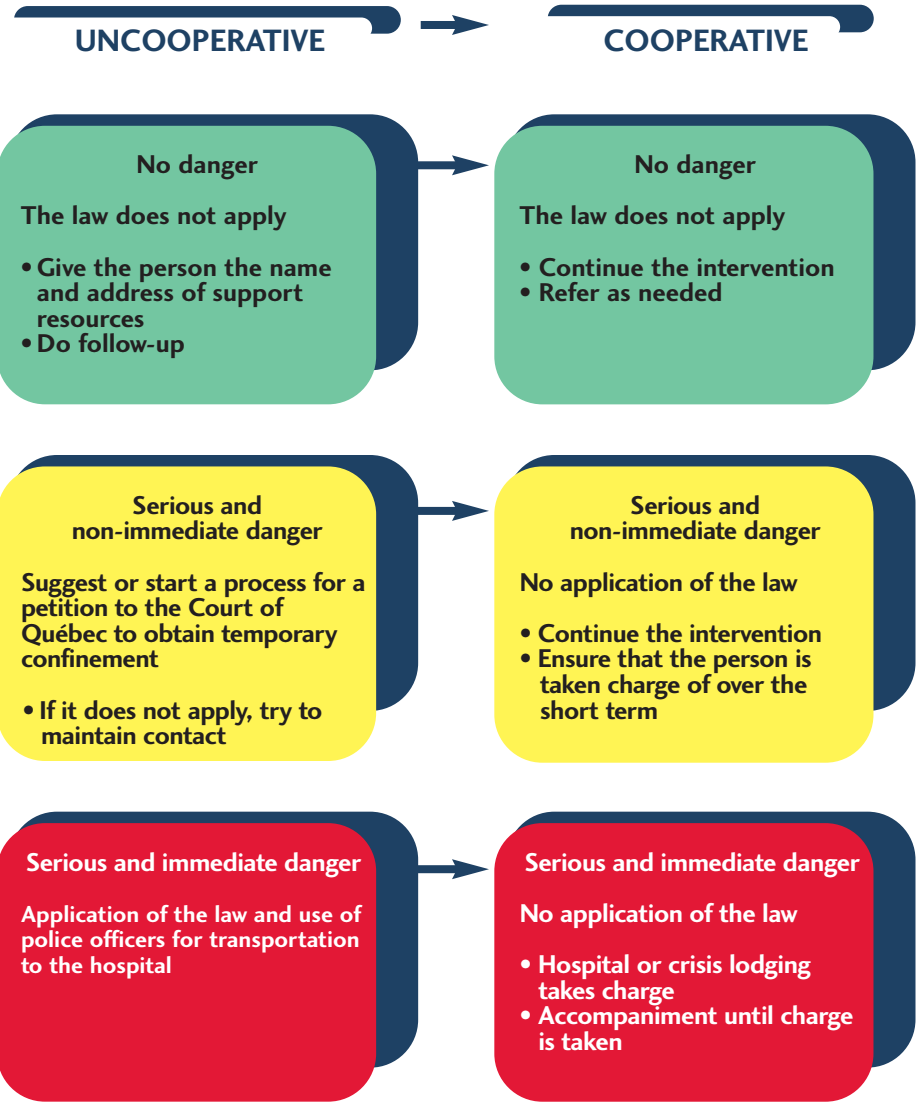
Name				
Address				
City		Province	Postal code	
Telephone ()		Date of birth (DD/MM/YY)		
1. TYPES OF DANGER				
Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Self-mutilation <input type="checkbox"/> Violence towards others <input type="checkbox"/>				
2. LEVELS OF EMERGENCY				
Plan: Where/When/How Means or victim		<input type="checkbox"/> Not defined <input type="checkbox"/> Not accessible		
Plan: Where/When/How Means or victim		<input type="checkbox"/> Partially defined <input type="checkbox"/> Not chosen or not accessible		
Threat of acting out after 48 hours		<input type="checkbox"/> Definite plan		
Where?		When?		
How?				
Access to means				
Plan : Where/When/How Means		<input type="checkbox"/> Plan defined <input type="checkbox"/> Plan chosen or accessible		
Threat of acting out within 24 to 48 hours				
Where?		When?		
How?				
Access to means				
3. FACTORS TO BE CONSIDERED IN QUALIFYING THE ASSESSMENT				
History of similar violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Non-supportive network	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Consumption of alcohol and drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Stopping usual activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Deteriorated condition of premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Difficulty sleeping and eating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Stopping medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Taking non-prescribed medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Irregularity in taking psychotropic drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Previous suicide attempt	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Ability to control himself (self assessment by the person)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
Network: Is there a person involved and accessible? If so,				
Name of family or close friend		Telephone ()		
Name of social worker		Telephone ()		
Have these people been informed of the situation? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Triggering factors				
Triggering factors				
Time devoted to this intervention	_____h	Person who cooperates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorization document for transmission of this information				
Signature of the person:				
Signature of the referring agent:				

LOW

AVERAGE

HIGH

ACTIONS



Extract from the tool of assessing the dangerousness and evaluating the emergency (January 2001) developed in partnership with : Centre de crise Le Transit, Suicide-Action Montréal, Urgence psychosociale-justice du CLSC des Faubourgs and Centre de psychiatrie légale de l'Institut Philippe Pinel de Montréal. Adaptation by the partenaires de Laval. April 2005