			//1/20
		Identification	
Suicide Precautions	Facility:		
Initial Treatment Plan	Offender:		
initiai TTeatment Tian	GDC ID#:		
[not recommended for use if placed in ACU or CSU	DOB: Sex	x:	
Date initiated:			
Problem: [] Environmental / Contextual Factor	ors		
[] Self Injurious Behavior Specify:			
Goal: (a) Physical Safety (b) Decrease in suicide risk fa (c) Increase in protective fact (d) Return to daily routine/ac	ors / level of care		
Revisions should be made to the comprehensive t	reatment plan's goals and interv	entions.	
Clinical Interventions:	• 0		
[] Individual Counseling starting date: fi	requency:		
[] Placement in Suicide Prevention Group starting date: p	person responsible:		
[] Activity Therapy specify: fi person responsible:	requency:		
[] Psychotropic Medication (change or addition) specify: p	erson responsible:		
Offender's/Detainee's Signature Date	MH Counselor's Name (Print)	Signature	Date
Reviewed by:			
Upper Level Provider's Name (Print)	Signature	Title	Date

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