

<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: _____ Offender: _____ GDC ID#: _____ DOB: _____ Race: _____ Sex: _____ Date: _____</p>
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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