

Suicidality Treatment Tracking Log (for Patient Chart)

Patient Name _____ Medical Record # _____ Primary Care Provider _____

Session Date	V P C NS	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
V = Visit P = Phone C = Cancellation NS = No Show	V P C NS	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	V P C NS
Suicidal thoughts?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	V P C NS
Suicidal Behaviors?		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	V P C NS
Risk: H = High M = Moderate L = Low	H M L	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	V P C NS
Medication Prescribed?	Yes No Meds	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	V P C NS
Medication Dosage/Start Date									V P C NS
Medication Adherence	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	V P C NS
Medication Side Effects									V P C NS
Other Interventions									V P C NS
Mental Health Provider	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	V P C NS

Suicide Status Tracking discontinued (date ____/____/____) because: Suicidality Resolved _____ Dropped out _____ Other _____

Instructions for Completing the Treatment Tracking Log

The Treatment Tracking Log is designed to parsimoniously display critical information in a sequence of treatment sessions with primary care patients at-risk of suicide. More specific details about the patient and treatment (e.g. medication name and dosage) would be located in a patient's medical chart. This form is used to quickly update the primary care provider of the suicide status of an individual and to easily remind the provider of recent interventions or problems with regard to the patient's treatment.

1. **Session Date.** In this space write the date of the primary care "visit." Each visit contact should include the day, month and year of the visit. It is important to log scheduled appointments which are cancelled or are otherwise not kept. The other information about the patient would likely be unknown to the primary care provider for these sessions, but "missed" appointed sessions might be indicators of needed patient outreach.
2. Circle the letter that identifies the **type of session** interaction with the patient. A telephone conversation with a patient should be included as a treatment "session." It is also important to note if a patient was scheduled for a treatment session and either cancelled the visit or did not come to the appointment.
3. **Suicidal Thoughts?** At each session, the primary care provider should ask the patient if he or she currently has thoughts about dying as a result of one's own actions. The question can be asked in a variety of ways. Record the patient's response as a "Yes" or "No" by circling the appropriate response. Record "Yes" if there is ANY level or indication of suicidal thoughts. Thoughts can include thinking of a plan for suicide. For example, ask, "Are you currently thinking about ending your life?" If the response is positive, probes should be made to learn more. For example, "Have you thought about how you would kill yourself?"
4. **Suicidal Behaviors?** If the patient acknowledges suicidal thoughts, the primary care provider should probe if the patient has acted in any way that is suicidal. The primary care provider can gain this knowledge by asking questions such as "Have you spoken with anyone about your thoughts of killing yourself?" "Have you made an attempt to end our life since our last contact?" "Have you made any preparations toward ending your life?"
5. **Risk.** Circle the patient's level of risk as Low, Moderate or High according to the Assessment and Intervention Tool in this toolkit.
6. **Medication Prescribed.** Circle "Yes" if the primary care or a mental health provider has prescribed medication for a mental health diagnosis.
7. **Medication Dosage/Start Date.** Note the prescribed dosage on the date of the session. If medication is newly prescribed, note the date the medication is initially taken by the patient. If a different or additional medication is prescribed for the mental health condition, note the date the different or additional medication is initially taken by the patient.
8. **Medication Adherence.** To the best of the primary care provider's knowledge, note if the patient is taking the prescribed dosage by circling "Yes" or "No."
9. **Medication Side Effects.** Write in the space provided any complaints or noted problems related to the medication.
10. **Interventions.** In this space, note specific interventions that occurred during the session.
11. **Mental Health Provider?** Circle "Yes" if the primary care provider is aware that the patient is currently a client of a mental health provider. Space is provided to include the mental health provider's name or contact information, if having this information accessible is useful.

Once the primary care provider discontinues tracking the patient regarding suicide status, note the reason why the tracking is closed. This item should include the date of discontinuing the tracking process and should include both positive and negative reasons for discontinuing the process. If a patient drops out of care, any attempt(s) to try to contact or re-engage into care can be noted in one or more session columns. The date of the action should be entered on "Session date." Attempt(s) to contact or re-engage the patient, or inquire of others about the patient can be noted under "Other interventions."