



## Participant Suicide Intention Form

The participant below has expressed thoughts of suicidal intent / self-harm during collaborative care session.

**Participant ID code:**

### **Current active risk of suicide / self-harm**

*(Give details)*

### **Summary of how procedure was enacted**

*(Name of practice, name of GP spoken to, date etc.)*

Case Manager name:

Case Manager signature:

Date:

Local clinical supervisor name:

Local clinical supervisor signature:

Date: