

AN IMPORTANT MESSAGE TO THE PATIENT / PARENT / GUARDIAN:

If you or a loved one notice these warning signs listed below, seek help immediately and or call one of the available suicide telephone hotlines listed here. Please know that if you have access to firearms or know your loved one has access to firearms, it is important to secure those safely away from reach NOW. * **TWO** telephone numbers are provided for you today.

- 1. **A national toll-free SUICIDE PREVENTION HOTLINE NUMBER available 24 hours per day, 7 days per week and serves English & Spanish speaking callers.**

Suicide Prevention Lifeline: 1-800-273-TALK (8255)

- 2. **A local number: Adapt Crisis Line 1-888-905-0595**

- » I understand that driving can be dangerous if I am not fully alert and oriented and I will not drive if I feel impaired.
- » I understand that managing my medications may be difficult if I am distracted, angry, or confused and I will ask for help with managing my medications if needed.
- » I understand that the first few days after discharge from my recommended treatment, it is important that I am not alone and I will call one of the numbers below if I am feeling lonely, unsafe, or need someone to talk to.
- » I understand that I should not use drugs, alcohol, medications not currently prescribed to me, or get pregnant while taking psychotropic medications and that all medications need to be safely stored or disposed of.

WHO WILL I CALL IF I NEED ASSISTANCE? _____ NAME _____ PHONE # _____

Suicide risks and warning signs - Please call for help immediately if you experience the following warning signs:

- * Seeking access to guns, pills, other
- * Talking or writing about death/dying or suicide when out of the ordinary
- * Feelings of hopelessness
- * Feeling rage or seeking revenge or uncontrolled anger
- * Acting reckless - seemingly without thinking
- * Feeling trapped as there is no way out
- * Increasing alcohol or drug use
- * Withdrawal from family, friends and society
- * Always anxious, agitated, unable to sleep or sleeping all the time
- * Dramatic mood changes
- * Seeing no reason for living or having no sense of purpose in life
- * Giving away possessions to others that are of importance to the individual

I HAVE RECEIVED MY SUICIDE RISK PREVENTION DISCHARGE EDUCATION ABOVE AND I UNDERSTAND WHAT I HAVE BEEN EDUCATED ON THIS FORM AND I HAVE BEEN ABLE TO ASK ANY QUESTIONS I MAY HAVE.

Signature of Patient / Parent / Guardian: _____ Date: _____



**PATIENT EDUCATION
SUICIDE RISK PREVENTION**



PINS

PIN-104 (Rev. 3-14-12)

PATIENT IDENTIFICATION

Copy to Patient / Signed Copy to Medical Record