

## DOCUMENTATION AID

# Documenting a psychiatric risk assessment: a structure

An educational structure for how clinicians document a suicide and safety risk assessment. This is a documentation aid for trained clinicians, not a screening tool, a risk calculator, or clinical advice, and it does not predict risk.

**Educational example only.** This is not legal, medical, or compliance advice, and it is not a ready-to-use legal document. Requirements vary by state, payer, and setting. Adapt anything like this to your own situation and have it reviewed by qualified legal and compliance counsel licensed in your jurisdiction before using it in a practice. You are responsible for compliance with all applicable federal and state laws, including HIPAA. shrinkiatry publishes professional commentary and education, not legal or medical advice.

**Extra caution:** Suicide risk assessment is a clinical skill that requires appropriate training and supervision. This document is educational structure only and must not be used as a decision tool or a substitute for clinical judgment.

*Current as of July 7, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.*

## Why structure the note

A risk assessment is a clinical judgment, not a score. Documenting it clearly shows your reasoning and the plan that followed. Standards such as Joint Commission expectations and the Zero Suicide framework emphasize a documented, evidence-informed process.

## Elements clinicians commonly document

- Risk factors present, both long-standing and recent
- Protective factors
- Warning signs and any current ideation, intent, plan, or access to means, described in specific terms
- Collateral information and record review considered
- A clinical formulation of risk in your own words, rather than a number alone

## From assessment to plan

- The level of care and the reasoning for it
- Safety planning and means-reduction counseling where indicated
- Follow-up interval, who to contact, and crisis resources given
- What would change the plan

## Note

Use your own training, supervision, and institutional protocols. Crisis line: call or text 988 in the US. If someone is in immediate danger, call 911.

shrinkiatry is the profession layer of The Shrink Network. Reviewed by Shariq Refai, MD, MBA, FAPA, a board-certified psychiatrist. More educational resources at [shrinkiatry.com/resources/](https://shrinkiatry.com/resources/).