

Chippewa-Cree Tribe "Celebrating Life" (Suicide Prevention) Registry Intake Form

Was the person using substances within a few hours of ideation/act? (circle one) YES NO UNK

If yes, specify type(s) (check all that apply):

Alcohol Marijuana (also called "pot" or "weed") Meth Cocaine Other: _____

Where did ideation/act happen? (specify exact place)-, - _____

Were others present or nearby at the time of act? (circle one) YES NO UNK

Has the person had previous suicide ideation? (circle one) YES NO UNK

If yes, how many times? _____

Has the person made previous attempts? (circle one) YES NO UNK

If yes, how many times? _____

Has the person had previous self-injurious behavior with no intent to die? (circle one) YES NO UNK

If yes, how many times? _____ What type? _____

Does the person have a past history of mental illness? (circle one) YES NO UNK

If yes, please specify: _____

Was the person taken to the ER? (circle one) YES NO UNK

If yes, what hospital? (circle one) Northern Montana Hospital Benefis

Was an arrest made? (circle one) YES NO UNK

Was a suicide information care given? (circle one) YES NO UNK

Was a referral made: (circle one) YES NO UNK

If yes, where was referral made (check all that apply)?

Rocky Boy Mental Health Rocky Boy Chemical Dependency Center Social Services

Other Suicide Prevention Task Force

Is there a follow-up plan in place? (specify) _____

If a person completed suicide, was a referral for family members made? (circle one) YES NO UNK

If yes, (check all that apply)?

Rocky Boy Mental Health Rocky Boy Chemical Dependency Center Social Services

Other Suicide Prevention Task Force

Filed by Name: _____	Date: _____
Contact Information: (_____) _____	
Agency of Person who files report (check one):	
<input type="checkbox"/> Rocky Boy EMS	<input type="checkbox"/> Justice Center
<input type="checkbox"/> CCT Social Services	<input type="checkbox"/> School
<input type="checkbox"/> Suicide Task Force	<input type="checkbox"/> Police
<input type="checkbox"/> Other	