



### Referral Information:

**Reason for referral** (Please describe reason for referring client to MensLine)

- |                                      |                           |                          |
|--------------------------------------|---------------------------|--------------------------|
| Current suicidal risk                | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal thoughts            | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal plan                | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal intent              | <input type="radio"/> Yes | <input type="radio"/> No |
| Suicide attempt in the last 3 months | <input type="radio"/> Yes | <input type="radio"/> No |

Relevant history

## Other Risks

Self-harm (Thoughts/Plan/Intent)

Yes

No

Relevant history

Risk to others (Thoughts/Plan/Intent)

Yes

No

Relevant history