Oregon Department of Human Services – Health Services

Adolescent Suicide Attempt Report

1. Name of hospital: _____ County: _____
2. Date of attempt (Month/Day/Year): ____/____/____
3. Admitted as an in-patient? ☐ Yes ☐ No ☐ Transferred to another hospital (Specify): _____
4. Patient or hospital chart number: _____
5. Date of birth (Month/Day/Year): ____/____/____
6. Sex: ☐ Male ☐ Female
7. Race: ☐ White ☐ Black ☐ Am. Indian ☐ Other (Specify): _____ 8. Hispanic: ☐ Yes ☐ No
9. Residence City: _____ County: _____
10. Patient lives with:
    ☐ Both parents ☐ Parent and stepparent ☐ Father only ☐ Mother only ☐ Foster parents
    ☐ Juvenile facility ☐ Friends ☐ Homeless ☐ Unknown ☐ Other (Specify): _____
11. Place of attempt:
    ☐ Own home ☐ Other home ☐ Foster home ☐ School ☐ Juvenile facility ☐ Other (Specify): _____
12. Method or methods used in attempt:
    Poisoning by solid or liquid substance including drug or alcohol overdoses and other potentially toxic substances –
    Specify substance(s): _____
    Hanging or suffocation – Specify method: _____
    Firearms and explosives – Specify type (Hand gun, rifle, etc.) and body site: _____
    Cutting or piercing – Specify instrument *and* body site: _____
    Other means such as motor vehicle crash, drowning, fire, etc. – Specify: _____
13. History of mental health issues:
    ☐ Major depression ☐ Dysthymia ☐ Bipolar disorder ☐ ADHD or ADD ☐ Adjustment disorder
    ☐ Conduct disorder ☐ PTSD ☐ Eating disorder ☐ Other (Specify): _____ ☐ None ☐ Unk.
14. Number of previous suicide attempts made during lifetime:
    ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ Attempts made, but # unknown ☐ History unknown
15. Precipitating events and risk factors:
    ☐ Family discord ☐ Argument or breakup with boyfriend/girlfriend ☐ Peer pressure/argument
    ☐ School problems ☐ Suicide or attempt by friend/relative ☐ Pregnancy
    ☐ Death of friend/relative ☐ Move or new school ☐ None
    ☐ Physical abuse – Specify type *and* perpetrator, if known: _____
    ☐ Sexual abuse or rape – Specify type *and* perpetrator, if known: _____
    ☐ Alcohol and/or drug abuse – Specify substance(s): _____
    ☐ Prior arrests and/or convictions of a crime – Specify: _____
    ☐ Other – Specify: _____
16. Did the youth tell others of his or her plan to attempt/commit suicide? ☐ Yes ☐ No ☐ Unknown
    If yes, whom did the youth tell? ☐ Parent ☐ Friend ☐ Teacher ☐ Other (Specify): _____
17. Was the youth referred for intervention? ☐ No ☐ Yes – Specify to whom: _____
18. Name of person completing report (*Print*): _____ Dept.: _____

ORS 441.750 states that
"Any hospital which treats as a patient a person under 18 years of age because the person has attempted to commit suicide:
Shall cause that person to be provided with information and referral to in-patient or out-patient community resources, crisis intervention or other appropriate intervention by the patient's attending physician, hospital social work staff or other appropriate staff." and
"Shall report statistical information to the Department of Human Services about the person. . . ."

Mail this form no later than the 15th of the month following the month of the attempt to: Center for Health Statistics
P.O. Box 14050
Portland, Oregon 97293-0050

Telephone: 503-731-4474
Fax: 503-731-3076

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