

**SUICIDE RISK ASSESSMENT &
CLIENT TREATMENT COMPLIANCE AGREEMENT**

Client's Name: _____ Date: _____

This treatment compliance agreement is being initiated for the following reasons:

I. Safety Issue(s) or treatment concern(s):

II. Triggers:

III. Medical/Mental Health Issues/Concerns:

IV. Risk Factors:

V. Ideations, plan, intent:

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VI. Protective Factors and Resources:

VII. Identified Support(s) (people, agencies, organizations, etc.) and how to utilize them:

VIII. I agree to cease the following behavior(s):

IX. Intervention and plan to decrease risks and increase safety, including follow up and persons responsible:

X. Therapeutic & Local Resources:

XI. Terms of this agreement are considered ongoing until the treatment interfering concern(s)/safety issue(s) has/have ceased () Other ()

XII. The below identified in creating this agreement agree to adhere to the terms of this agreement and understand that if it is not upheld the below may occur:

- Recommendation to higher level of care ()
 - Hospitalization ()
 - Termination of treatment with referrals provided ()
 - Other ()
-
-

Client's Signature: _____ Date: _____

Parent/Guardian/Support Person's Printed Name: _____ Date: _____

Parent/Guardian Support Person's Signature: _____ Date: _____

Parent/Guardian/Support Person's Printed Name: _____ Date: _____

Parent/Guardian Support Person's Signature: _____ Date: _____

Signature: _____ Date: _____

Lori Odendahl-Klemish, MS, LMHC CCATP CCTHP

SUBSTANCE ABUSE INTAKE FORM

** This form is to be used in addition to the Biopsychosocial Intake Form*

Substance Use History: (*AGE= age first used*)

<i>DRUG</i>	<i>AGE</i>	<i>FREQU.</i>	<i>AMOUNT</i>	<i>DRUG</i>	<i>AGE</i>	<i>FREQU.</i>	<i>AMOUNT</i>
Alcohol				Tranquilizer			
Cocaine/Crack				Inhalants			
Cannabis				Over/Counter			
Heroin				Meth			
Methadone				Other:			
Ecstasy							
Spice							
Hallucinogens				Amphetamines			
Barbiturate				Benzodiazepines			

Understanding the Role of Substance Use/Abuse/Dependence in Your Life:

Perception of substance use (*how do you see the substance use currently, feelings when under the influence*):

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What do you believe about substance use/abuse/dependence?

What do you believe has contributed to the substance use (*family issues, trauma, etc*)?

Family or loved one's perception of substance use/abuse (*do they see your use as a problem*)?

What concerns have they expressed (*what are some of the statements they have made*)?

What has your family or loved ones done in regards to their concerns? What have they done in their attempts to "help" you or the family?

When do you most often use substances?

When patterns do you notice with the substance use?

Has there been a history of drug/alcohol induced blackouts or passing out? What is happening during and/or right before those times?

History of family and/or peer substance use/abuse:

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Significant period during which substance use/abuse occurred instead of attending school/work or engaging in usual activities with family and friends:

Have there been significant periods with an overpowering need to use substances, a feeling of loss of control due to substance use, or a sense of compulsion to use substances? Describe:

Have there been significant periods where attempts were made to cut down or eliminate use without success? What did you attempt to do?

History of doing things you may not usually do in order to obtain drugs (stealing, sex for drugs, etc):

Have there been significant periods during which more substances were necessary than in the past to obtain the same effect or same amount of substances did not produce previous effects?

What legal, financial, health, career, familial, etc. problems/consequences have you sustained related to the use?

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Solutions and Attempted Solutions Over Substance Use/Abuse:

Longest period of sobriety/abstinence:

How were you able to maintain sobriety/abstinence?

What attempts have you tried (rehab, at home detox, medical detox, therapy, outpatient, AA/NA, etc) to reduce or abstain for substances? What was/were the result(s) of each?

Describe 3 – 5 areas you have been successful in your life. What were you doing, and how were you able to be successful? Remember to even think about small successes.

If you had to try something 180° different to resolve the issue with substance use, what do you suppose might work?

Describe at least 5 things you will be doing differently in your life when substance use is no longer a problem? Areas to ponder (*what will your relationships be like, what activities will you enjoy, who will notice you doing well, what will your career be like, etc*).

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