



# Suicide Prevention Referral Form

## Basic Information

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PHQ-9 Depression Scale results \_\_\_\_\_

Comments:

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Staff Assisting with Referral \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**(By signing this form you the client are acknowledging assistance for Suicide Prevention services)**

**\*Please send this form to Karen Anoka at HD2 building, 218-335-7211. Or fax to 218-335-4560**