|  |
| --- |
| **Instructions (Delete this Table when finished)**   1. Obtain ROI for non-active risk. 2. Make a Copy of Template to your Drive. 3. Edit, select from options, remove highlights, resolve comments. 4. Consult w/ Supervisor if required. 5. Print/PDF/Submit 6. Ensure the final copy is added to the client Chart. |

OFFICE ADDRESS

MONTH, DAY, YEAR

ATTN:   
COMPANY NAME  
ADDRESS  
ADDRESS

Dear XX,

CLIENT has been a client of mine since START DATE. We have been examining and treating CLIENT for a diagnosis (OR) diagnostic impression of CONCERN. CLIENT also presents with suicidality/suicidal thoughts/feelings/behaviours. It is my opinion that this suicide risk is acute/chronic and acute/chronic high risk (OR) chronic high risk with acute exacerbation.

I have consent to provide any information you may require in the interest of continuity of care. Please feel free to contact me at OFFICE PHONE.

Sincerely,

CLINICIAN NAME, CREDENTIALS, Registered Provisional Psychologist License #

This letter has been reviewed and approved by:   
Supervisor NAME, Registered Psychologist License #