

General Risk Screening Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

A mental health risk screening note documents a brief, standardized screen for safety concerns: suicide risk, self-harm, violence toward others, abuse or safety at home, substance use, and psychosis indicators. It records the instrument used, a result for every domain, an explicit positive or negative determination, and the follow-up action taken. A screen is a triage step, not an assessment: its job is routing, and a positive result must show the handoff to a full evaluation.

Header & context when, where, and who screened

Do: record the client identifier, date and time, setting (intake, routine visit, or re-screen), and who administered the screen.

Pitfall: no time recorded; a same-morning escalation you cannot place on a clock reads like a delay to a reviewer.

Instrument & version a validated tool means a named one

Do: name the tool exactly: C-SSRS Screener, ASQ, PHQ-9 with item 9 reviewed, or your clinic checklist with its version date; file the completed tool.

Pitfall: "denies SI/HI" with nothing behind it; to a surveyor or a plaintiff's expert, that line is not evidence a screen occurred.

Domains & results negatives are data too

Do: give one line per domain screened: suicide risk, self-harm, violence toward others, abuse or safety at home, substance use, psychosis indicators.

Pitfall: documenting only the domain that came back positive; silent negatives leave no proof the other questions were asked.

Determination the triage output

Do: state one explicit line: negative screen, or positive screen with the domain named; note when clinical judgment overrides a negative instrument result.

Pitfall: raw responses filed with no stated determination, leaving the next reader to score the screen themselves.

Follow-up action & routing every positive needs a next step

Do: record what the determination triggered: no further evaluation indicated, a full assessment with clinician and date, a safety plan, a referral, or an escalation with a name and a time.

Pitfall: the screen-without-follow-up gap; in published EHR reviews, one in five to one in three positive screens had no documented next step.

Sign-off who screened, who reviewed

Do: sign with name, credentials, and date and time; if a non-clinician administered the screen, add the licensed clinician who reviewed the result.

Pitfall: missing or late authentication; missing provider signatures were among the most common failures in the OIG's national psychotherapy audit.

Before you sign

- ☐ Instrument named and version dated, completed tool filed
- ☐ Every domain carries a result, negatives included
- ☐ Determination stated in one explicit line
- ☐ Positive screen routed: clinician named, time recorded
- ☐ Triggered assessment findable from this note
- ☐ Administrator and reviewer signed, with credentials and times

Drafting with AI

Capture 30 seconds of bullets after the screen: instrument and version, each domain's result, the determination, and the next step taken.

"Draft a risk screening note from these bullets for an adult intake: C-SSRS Screener negative, clinic checklist v2.3 covering the remaining domains, all negative, no further evaluation indicated: ..."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

50 to 150 words
typical length

2 to 5 min by hand
clinical team estimate

**Intake · re-screen · status
change**
when completed

**Care team · surveyors ·
auditors**
who reads it

General Risk Screening Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): _____ Date: _____ Time: _____

Setting: ☐ intake ☐ routine visit ☐ re-screen Administered by (name, role): _____

Instrument

Name and version; file or reference the completed tool

Domains screened

One result per domain, including the negatives

	Negative	Positive	Declined
Suicide risk	☐	☐	☐
Self-harm	☐	☐	☐
Violence toward others	☐	☐	☐
Abuse or safety at home	☐	☐	☐
Substance use	☐	☐	☐
Psychosis indicators	☐	☐	☐

Determination

☐ Negative screen ☐ Positive screen, domain(s): _____

Clinical judgment note (may override a negative result): _____

Follow-up action

Required for every positive screen

- ☐ No further evaluation indicated
- ☐ Full assessment (type, clinician, date/time): _____
- ☐ Safety plan ☐ Referral: _____
- ☐ Escalated to (name, time): _____

Administered by (signature / credentials / date / time): _____

Reviewed by licensed clinician (if applicable): _____ Date / time: _____

If you or a client needs immediate support: call or text **988** (US) · **9-8-8** (Canada) · Lifeline **13 11 14** (Australia)