

ANTISUICIDE CONTRACT

Patient Name \_\_\_\_\_ Patient # \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, agree to the following terms:  
(Patient Name)

1. I agree that one of my major goals is to live my remaining life with less unhappiness than I have now. I want my family and friends to have happy memories of me after my death.

2. I understand that becoming suicidal when depressed or upset stands in the way of achieving this goal, and I therefore would like to overcome this tendency. I agree to learn better ways to reduce my emotional stress.

3. Since I understand that this will take time, I agree in the meantime to refuse to act on urges to injure or kill myself between this day and \_\_\_\_\_.  
(Date)

4. If at any time I should feel unable to resist suicidal impulses, I agree to call \_\_\_\_\_.  
If this person is unavailable, I will call \_\_\_\_\_ at \_\_\_\_\_ or go directly to \_\_\_\_\_.  
(Name) (Number) (Hospital) (Address)

5. My social worker, \_\_\_\_\_, agrees to work with me in scheduled visits to help me learn constructive alternatives to self-harm and to be available as much as is reasonable during times of crisis.

6. I agree to abide by this agreement either until it expires or until it is openly negotiated with my social worker. I understand that it is renewable at or near the expiration date of \_\_\_\_\_.  
(Date)

Patient=s Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Worker=s Signature \_\_\_\_\_ Date \_\_\_\_\_