

# High-Risk Identification Form

Appendix K

## Identification Form for High-Risk Individuals

### CONFIDENTIAL

Please complete this form and return it to the appropriate Crisis Management Team member for following up with high-risk individuals. He or she may contact you with additional questions.

#### Who initiated the referral?

Name:

Title/Position/Department:

Contact Number:

Date:

Time:

#### About the individual

Name:

Title/Position/Department:

Contact Number (if known):

#### Please check all that apply, if known:

- Had a history of suicide attempts
- Had a history of mental health problems, emotional difficulties, or substance abuse, or is in treatment
- Had personal experience with the manner of death (e.g., recently lost a family member to homicide or suicide, was in a serious car crash himself)
- Is dealing with stressful life events such as a death or divorce
- Was an eyewitness to the death
- Was in a romantic relationship with the deceased
- Was a close friend or colleague of the deceased
- Received a phone call, text, or other communication from the deceased just prior to the death
- Fought or had a contentious relationship with the deceased

Shows:

- Irritability
- Inappropriate emotional response
- Anger
- Agitation
- Confusion
- Shortened attention span
- Preoccupation with the event
- Social withdrawal
- Emotional outbursts, loss of control
- Changes from typical behavior



**Independent Confidential Support**  
*for the entire NFL Family*

**Additional reason(s) for concern (please describe in detail and provide any information relevant to checked boxes):**

**Actions taken, if any:**

What:

When:

By whom:

Outcome:

**Recommendations:**

**Follow-up**

**Actions taken:**

What:

When:

By whom:

Outcome: