

Other information or comments

I would like you to know:

Self Harm Report Card

I have self harmed and wish to receive treatment for

cut burn overdose other

Location of injury

left lower arm left upper arm right lower arm right upper arm

left leg right leg stomach

Other

Time of injury Instrument used

The instrument was sterile not sterile

Over dose / Poisonous substance(s)

Name(s) of tablet(s) or substances(s)

Amount Strength Time taken am / pm

I have consumed alcohol too yes no Amount

I am now feeling... suicidal distressed dissociated calm

I feel at risk of further self harm yes no

I would like (name)

(relationship to me) informed I am here