



<b>Veteran's Name:</b>	<b>DoD ID/Benefits # or Sponsor SSN:</b>
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<b>Evaluation Date:</b>	<b>VA Auth Number:</b>
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**13. HISTORY OF PRESENTING PROBLEM CONT.:**

Empty text area for history of presenting problem.

**Veteran's Name:**

**DoD ID/Benefits # or Sponsor SSN:**

**Evaluation Date:**

**VA Auth Number:**

**14. SUICIDE/HOMICIDE RISK ASSESSMENT: (Use this section to assess the client's risk for suicidal and/or homicidal behavior, citing relevant history, access to means, current stressors, and both risk and protective factors. Problems and goals related to danger to self/danger to other, e.g., safety planning, should be addressed in the treatment plan.**

