

Oregon Department of Human Services
Health Services

Adolescent Suicide Attempt Report Zero Attempts

1. Name of hospital _____
2. Hospital county _____
3. During (Month/Year) _____ / _____, no youth 17 or younger was treated here for a suicide attempt.

ORS 441.750 states that "Any hospital which treats as a patient a person under 18 years of age because the person has attempted to commit suicide... shall report statistical information to the Department of Human Services about that person..."

SAMPLE

Contact Person at this Facility
Please print

Name _____

Title _____

Department _____

Telephone _____

Mail this form to the address below no later than the 15th of the month following any month in which there were no youths treated at your hospital for a suicide attempt.

Adolescent Suicide Attempt Data System
Center for Health Statistics
P.O. Box 14050
Portland, Oregon 97293-0050

Telephone: 503-731-4474
Fax: 503-731-3076