

The Psychiatrist

FORMERLY THE PSYCHIATRIC BULLETIN

Time out of mind



SUICIDAL CAUTION CARD

Name of Patient: _____
 Date of Admission: _____
 Age (and Sex): _____

This Patient is regarded as being actively suicidal and must on no account be allowed out of observation.

This Card must be shown and explained to every Nurse doing duty in the Ward, and each Nurse must acknowledge by his (or her) signature on the back hereof that this has been done.

Signature: _____
 Date of Issue: _____

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