

Name: _____

Date Completed

__/__/__

Study Name: Suicide Prevention for Patients with Chronic Pain

We encourage all participants to talk with their mental health providers about their participation in this study. Please check appropriate statement below. We will also send a letter to your mental health provider to notify him/her about your participation in this study. We may contact your mental health provider if we have a concern about your health or safety.

_____ I am not currently in mental health treatment.

_____ I am in mental health treatment. Below is his/her information:

Name _____

Phone Number _____

Address _____

Your Signature

Date