



# Risk Assessment

Assessor Name:.....

Signature: .....

Clients Name ..... Date of Birth: .....

Anyone Else at Assessment:.....

Date And time of Assessment: ..... Review Date 4 – 6 weeks:.....

**! Management Review of Assessment SIGN: .....**

## Risk Factor Management Plan

Factors that increase Risk	Factors that increase Risk
<u>Section 1: Neglect Indicators</u>	<u>Section 5: Miscellaneous Risks</u>
<u>Section 2: Violence and Aggression Indicators</u>	<u>Section 6: Experienced over the previous 30 days</u>
<u>Section 3: Suicide Self Injury Indicators</u>	<u>Section 7: Eating Disorder</u>
<u>Section 4: Risk Indicators (alcohol/drugs)</u>	Other:

## Action Plan

Action	By whom	Date



# Risk Assessment

## Section 1: Neglect Indicators

Question	Indicators	Yes	No	Yes = circle score
1	Is the client homeless			9
2	Do the clients nutritional issues need to be addressed?			8
3	Is the client using and or drinking in a chaotic or harmful manner (substance misuse)			7
4	Has the client currently got poor accommodation			7
5	Is the client in regular contact with violent or abusive third parties			5
6	Is the client without electricity?			5
7	Is the client unable to manage personal health problems			4
8	Is the client dressed inappropriately for weather conditions			4
9	Is the client deprived of social contacts			4

**Low risk**

**3 to 11**

**Moderate risk**

**16 to 28**

**High risk**

**35 to 52**

**Summary of risk of neglect: WHERE YES IS RECORDED TO A SPECIFIC INDICATOR MADE CLEAR WHAT THE DETAILS ARE IN RELATION TO THE QUESTION FOR EXAMPLE: Q1, Q2, Q3**



# Risk Assessment

## Section 2: Violence and Aggression Indicators

Question	Indicators	Yes	No	Yes = circle score
1	Has the client specified any people they would like to hurt?			9
2	Is the client a schedule 1 offender?			8
3	Has the client used a weapon in the assault of another person?			7
4	Has the client a known history of convictions for violent or sexually inappropriate behaviour?			7
5	Has the client implied physical or psychological harm to others in general?			5
6	Is there evidence at interview of the client being impulsively dangerous to others?			5
7	Has the client demonstrated any form of aggressive behaviour at interview?			4
8	Is there any known evidence and/or reliable reports of sexually inappropriate behaviour?			4
9	Has the client any known history of violence and or aggression toward staff or others at other projects?			3

Low risk

Moderate risk

High risk

3 to 13

19 to 35

47 to 59+

**Summary of risk of violence or aggression (specify if during substance misuse) WHERE YES IS RECORDED TO A SPECIFIC INDICATOR MADE CLEAR WHAT THE DETAILS ARE IN RELATION TO THE QUESTION FOR EXAMPLE: Q1, Q2, Q3**



# Risk Assessment

## Section 3: Suicide Self Injury Indicators

Question	Indicators	Yes	No	Yes = circle score
1	Has the client made a previous attempt on his or her life?			12
2	Was it within the last 4 years?			4
3	Did he or she use a violent method in the attempt on his or her life? e.g. Shooting or hanging?			12
4	Has the client ever intentionally overdosed, or deliberately self harmed?			11
5	Has the client been diagnosed or suffered from a sever mental illness?			10
6	Is the client a male, under the age of 41?			6
7	Has the client experienced severe childhood trauma?			5
8	Is the client currently expressing thoughts of suicide/death?			7
9	Is the client expressing a high level of distress over a recent life event?			5
10	Does the client believe he or she has little or no control over his or her life?			5
11	Is the client isolated from friends or family?			2
12	Does the client feel that nothing has changed since the last attempt on his or her life?			4
13	Is the client currently in poor physical health?			2
14	Is the client unemployed?			2

**Low risk**

**Moderate risk**

**High risk**

**2 to 35**

**36 to 65**

**65 to 87**

**Summary of risk of suicide self injury. WHERE YES IS RECORDED TO A SPECIFIC INDICATOR MADE CLEAR WHAT THE DETAILS ARE IN RELATION TO THE QUESTION FOR EXAMPLE: Q1, Q2, Q3**



## Risk Assessment

### Section 4: Risk Indicators (alcohol/drugs)

Question		Yes	No
1	Has the client accessed treatment out of their own choice?		
2	Has the client had previous treatment episodes?		
3	Does the client think there is a solution to his/her problems?		
4	Has the client ever shared injecting equipment?		
5	Is there a history of testing and/or treatment for treatment for blood-borne disease (1-Tep B, C & HIV?)		
6	Has the client ever engaged in sexual risk behaviours?		
7	Has the clients mobility been affected by the use of alcohol or drugs?		

**Summary of alcohol/drug risk indicators. WHERE YES IS RECORDED TO A SPECIFIC INDICATOR MADE CLEAR WHAT THE DETAILS ARE IN RELATION TO THE QUESTION FOR EXAMPLE: Q1, Q2, Q3**



## Risk Assessment

### Section 5: Miscellaneous Risks (Note if committed under the influence of....)

Question	Has the client a history of...	Yes	No	Notes
1	Arson			
2	Property damage			
3	Inappropriate sexual behaviour			
4	Serious anti social behaviour			
5	Convictions for theft?			
6	Medication non-compliance			
7	Any abuse from others?			
8	Bizarre behaviour			
9	Assault against children			
10	Has the client made an attempt at suicide or self-injury under the influence of alcohol or drugs?			

**Summary of miscellaneous risks. WHERE YES IS RECORDED TO A SPECIFIC INDICATOR MADE CLEAR WHAT THE DETAILS ARE IN RELATION TO THE QUESTION FOR EXAMPLE: O1, O2, O3**



# Risk Assessment

## Section 6: The following questions to be answered as experienced over the previous 30 days

Past 30 day frequency	Never	Rarely	Sometimes	Often	Always
Poor appetite					
Tiredness/fatigue					
Nausea (feeling sick)					
Stomach pains					
Difficulty breathing					
Chest pains					
Joint/bone pains					
Muscle pain					
Numbness/tingling					
Tremors/Shakes					

Past 30 day frequency	Never	Rarely	Sometimes	Often	Always
Feeling tense					
Suddenly scared for no reason					
Feeling fearful					
Nervousness or shaking inside					
Spells of terror or panic Feeling hopeless about the future					
Feelings of worthlessness					
Feeling no interest in things					
Feeling lonely					
Thoughts of ending your life					
Feeling tense					



# Risk Assessment

## Section 7: Eating Disorder

	YES	Comments	NO	Comments
<b>Bulimia</b>				
<b>Anorexia</b>				
<b>Vomiting</b>				
<b>Binges</b>				
<b>Laxatives</b>				
<b>Exercise</b>				
<b>Other</b>				

### **OTHER Comments:**