



Risk Assessment

Assessor Name:..... Signature:

Clients Name Signature:

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: Other information</u>
<u>Section 3: Suicide Self Injury Indicators</u>	<u>Section 7: Eating Disorder</u>
<u>Section 4: Risk Indicators (alcohol/drugs)</u>	Comments:

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



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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



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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: Any other information

A large, empty rectangular box with a black border, intended for providing additional information.



Risk Assessment

Section 7: Eating Disorder

	YES	Comments	NO	Comments
Bulimia				
Anorexia				
Vomiting				
Binges				
Laxatives				
Exercise				
Other				

Comments: