**Name:**

Date(s) of Assessment: Date this form completed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical Health** | | | | **Details of Risk/Management/Containment** |
| Yes | No | DK | |
|  |  |  | **No Risks Identified at Initial Assessment** |  |
|  |  |  | Pain Management Problems |
|  |  |  | Physical Illness – *chronic, acute, recurrent* |
|  |  |  | Previous history of self-neglect |
|  |  |  | Falling |
|  |  |  | Epileptic |
|  |  |  | Diabetic |
|  |  |  | Visual / hearing impairment |
|  |  |  | Wheelchair dependent |
|  |  |  | Issues with medication compliance |
|  |  |  | Swallowing Problems |
|  |  |  | Infection e.g., HIV, Hep B, MRSA |
| **Forensic** | | | |
|  |  |  | Criminal convictions – *dates, details* |
|  |  |  | Time in special hospital, prison, regional secure unit. locked ward etc. – *dates, reports, other details* |
|  |  |  | Sexual Assault |
|  |  |  | ABH / GBH – *Specify* |
|  |  |  | Other forensic criminal activity including stalking, hostage-taking, fire-setting……… |
| **Mental Health** | | | | **Details of Risk/Management/Containment** |
| Yes | No | DK | |
|  |  |  | **No Risks Identified at Initial Assessment** |  |
|  |  |  | Misuse of alcohol / drugs (*number, dates, methods especially if violent* |
|  |  |  | Personality change |
|  |  |  | MHA admissions – *dates, details* |
|  |  |  | Bereavement |
|  |  |  | History of self-harm / suicide incidents – *number, dates, methods* |
|  |  |  | Verbal or implied threat of self-harm |
|  |  |  | Verbal or implied threat of suicide |
|  |  |  | Depressed, evidence of low mood – *chronic, acute, recurrent.* |
|  |  |  | Anxiety – impacting a Daily Living |
|  |  |  | Considered intent e.g., evidence of planning |
|  |  |  | Self-harm / suicide perceived as a solution |
|  |  |  | Psychotic behaviours – *Chronic, acute, recurrent* |
|  |  |  | Believe no control over their life, nothing changing |
|  |  |  | Family history or peer culture of self-harm / suicide |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cognitive / Behavioural** | | | | **Details of Risk/Management/Containment** |
| Yes | No | DK | |
|  |  |  | **No Risks Identified at Initial Assessment** |  |
|  |  |  | Denies problems perceived by others – *specify* |
|  |  |  | Difficulty communicating needs |
|  |  |  | Compliance – e.g., *with contact / treatment /adherence to plans* |
|  |  |  | Frontal lobe injury |
|  |  |  | Sexually inappropriate behaviours – *specify* |
|  |  |  | Deliberate damage to property |
|  |  |  | Significant cognitive deficit |
|  |  |  | Wandering |
|  |  |  | Lack of insight |
|  |  |  | Verbal Aggression |
|  |  |  | Physical Aggression |
|  |  |  | **Is there a Mental Capacity Issue - *specify*** |
|  |  |  | Impulsivity |
|  |  |  | Emotionally Labile |
|  |  |  | Memory Issues |
| **Community / Environmental** | | | | **Details of Risk/Management/Containment** |
| Yes | No | DK | |
|  |  |  | **No Risks Identified at Initial Assessment** |  |
|  |  |  | Previous history of breakdown of relationships with therapy |
|  |  |  | Lives Alone |
|  |  |  | Responsibility for vulnerable adult / school age children |
|  |  |  | Relationship problems |
|  |  |  | Concern expressed by carer / significant other |
|  |  |  | Driving - Risk as driver / passenger – *specify* |
|  |  |  | Loss of occupation |
|  |  |  | Difficulty with basic self-care needs e.g. food, dressing, hygiene |
|  |  |  | Unable to communicate effectively - circumstances |
|  |  |  | Unsafe / poor use of appliances |
|  |  |  | Specific fire risks – *detail circumstances* |
|  |  |  | Unable to access community activities |
|  |  |  | Accommodation problems – *specify* |
|  |  |  | Financial difficulties – *specify* |
|  |  |  | Abuse / exploitation – *detail* |
|  |  |  | Harassment / bullying by others |
|  |  |  | Dogs/Other animals |
|  |  |  | Indication for a 2:1 working |
|  |  |  | Risk of contamination from property or inhabitants |
|  |  |  | Carer/ relative non-compliant with advice |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sources of information used:** | | |  |
| Yes | No |  |
|  |  | Client |
|  |  | Client’s family/partner |
|  |  | Police |
|  |  | Medical Records (BFW) |
|  |  | Care Staff |
|  |  | Medical Health Records |
|  |  | Other |

**Summary/ List of Current Risk(s)**

List areas where risks are high and unlikely to change, or serious risk

**Actions** required to minimise risks identified above, and actions that contain risk detailed on screening list over leaf

**Assessment completed by:**

**Date of Completion: Risk Assessment Review Due:**

**Review Risk Assessment (new information / changes)**

**Date of Current Assessment:**

Summary of New Information / Changes to the above initial assessment

**Actions** required to minimise risks identified above.

**Assessment completed by:**

**Date of Completion: Risk Assessment Review Due:**