

**RISK ASSESSMENT FORM**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNSELLOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_

GENERAL RISK FACTORS – Background factors. Please answer Yes (Y) or No (N) to the following

Major psychiatric illness/mental health concerns ( )	
Diagnosed Personality Disorder ( )	
Significant Alcohol/drug history ( )	
Serious Medical Condition ( )	
Other ( <i>specify</i> )	

COMMENTS

SUICIDE – Background factors.

Current factors.

Previous suicide attempts ( )	Recent significant life events ( )
History of self harm ( )	Hopelessness/despair ( )
Family history of suicide ( )	Expressing high levels of distress ( )
Single/separated/divorced/widowed ( )	Expressing suicidal ideas ( )
Isolated/lack of role ( )	Self-harming behaviour ( )
Other ( <i>specify</i> )	Current plan/intent
	Other ( <i>specify</i> )

COMMENTS

OTHER VULNERABILITIES – Background factors.

Current factors.

History of sexual vulnerability ( )	Vulnerability to sexual exploitation/abuse ( )
History of financial vulnerability ( <i>gambling</i> ) ( )	Physical illness ( )
History of harm to children ( )	Parental/Carer status or access to children ( )
Other ( <i>specify</i> )	Self neglect, poor self-care etc. ( )
	Non adherence to medications or treatments ( )
	Other ( <i>specify</i> )

COMMENTS



**OVERVIEW/IMPRESSION**

Is this person's level of risk highly changeable?
Are there factors that contribute to uncertainty regarding the level of risk?

**OVERALL ASSESSMENT OF RISK**

Suicide	HIGH ( )	MED ( )	LOW ( )
Self harm	HIGH ( )	MED ( )	LOW ( )
Vulnerability	HIGH ( )	MED ( )	LOW ( )
Other ( <i>specify</i> )			

**COMMENTS**

**SPECIFIC ISSUES TO BE ADDRESSED IN MANAGEMENT/CARE PLAN**

