

## Service User Mental Health - Vulnerability Risk Assessment

Name of Service User: \_\_\_\_\_

RISK AREA	Description of Risk	Comments	Priority	Action Required
Suicide				
Self-Harm				
Harm to Others				
Degree of Vulnerability				
Neglect				
Mental State				

Person conducting Risk Assessment: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_