

Risk Assessment - Service User's Mental Health

A: SERVICE USER DETAILS							
Surname:			First Name(s):			Title:	
Likes to be known as:			Marital Status:			Age:	
B: RISKS TO OTHERS							
<i>Key to abbreviations: A = within the last 2 years; B = ever; KN = not known</i>							
RISK FACTOR	A	B	KN	RISK FACTOR	A	B	KN
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conviction for sexual offence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostage taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence to other service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obsession with weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence to general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stalking / harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrest for violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arson (deliberate fire setting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conviction for violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Threats to harm / kill others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual offence (inc. touching; exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: RISKS TO SELF							
SELF-HARM				SELF-NEGLECT			
Suicide attempts (see section D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts / plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to cook / feed self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm (cutting, burning, poison etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to wash / dress self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvent / other substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D: VULNERABILITY

Key to abbreviations: A = within the last 2 years; B = ever; KN = not known

RISK FACTOR	A	B	KN	RISK FACTOR	A	B	KN
Recent discharge from Mental Health Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accidental harm at home (falling, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent discharge from hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accidents outside home (wandering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent traumatic life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failure to take prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies / adverse drug reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour likely to provoke others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse by third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern expressed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E: PROFILE - HISTORY OF SERIOUS EPISODES (tick all that apply)

E.1 MOST SERIOUS HARM CAUSED				E.3 HISTORY OF CONTAINMENT			
None caused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State hospital / compulsory admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary detention at police station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.1 HISTORY OF SUICIDE ATTEMPTS				E.4 EPISODES INVOLVING THE POLICE			
No attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No police involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than two attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	More than two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F: OVERALL SUMMARY OF RISKS

Completed by: _____ Date: _____ Time: _____
Name Signature