

Risk Assessment - Tendency to Violence & Assault

A: SERVICE USER DETAILS			
Surname:	First Name(s):	Likes to be known as:	
Date of Birth:	Age last birthday:	Service User Ref. No:	
B: RISK ASSESSMENT DETAILS & OUTCOMES			
RISK ELEMENT	HIGH RISK	Moderate RISK	Low or Negligible RISK
HISTORY OF VIOLENCE	<input type="checkbox"/> Any single episode of violence with injury to others while hospitalised OR multiple assaults with injury while outside the hospital	<input type="checkbox"/> Any single episode with injury to others or destruction of property while hospitalised OR multiple assaults outside the hospital but not resulting in injury	<input type="checkbox"/> Violence only when using drugs or alcohol OR destruction of property outside the hospital OR no history of violence
HISTORY OF RECENT AGGRESSION:	<input type="checkbox"/> Physically threatening at time of referral	<input type="checkbox"/> Verbally threatening at time of referral	<input type="checkbox"/> Not threatening at time of referral
HISTORY OF AGGRESSION IN FAMILY / ANCESTRY:	<input type="checkbox"/> Victim or perpetrator of physical or sexual abuse	<input type="checkbox"/> Witness of physical or sexual abuse	<input type="checkbox"/> Witness or victim of verbal aggression OR no history of aggression in family
STATUS - SUBSTANCE ABUSE:	<input type="checkbox"/> Recent alcohol / substance abuse - actively detoxing OR currently under the influence of alcohol or drugs	<input type="checkbox"/> Recent alcohol / substance abuse with absence of withdrawal symptoms	<input type="checkbox"/> Rehabilitated abuser OR no history of alcohol / substance abuse
PARANOIA / HOSTILITY:	<input type="checkbox"/> Paranoia or hostility generalised to persons in the immediate environment	<input type="checkbox"/> Paranoia or hostility generalised towards inaccessible persons	<input type="checkbox"/> No apparent paranoia or hostility
IMPULSIVE BEHAVIOUR:	<input type="checkbox"/> Physically impulsive	<input type="checkbox"/> Verbally impulsive OR History of physically impulsivity	<input type="checkbox"/> No apparent impulsivity
DEGREE OF AGITATION:	<input type="checkbox"/> Agitation reinforced by constant pressured physical activity	<input type="checkbox"/> Agitation with intermittent bursts of hyperactivity	<input type="checkbox"/> No apparent levels of agitation
REALITY ORIENTATION:	<input type="checkbox"/> Disoriented with impaired memory	<input type="checkbox"/> Oriented but with impaired memory	<input type="checkbox"/> Oriented with intact memssory
OUTCOMES / CONCLUSION: Name of Assessor: _____ Signature: _____ Date: _____			