



Risk Assessment

Client Name

Date of Birth

Is the client aware of the risk assessment? **Yes** **No**

Evidence Of

Date of last Offence (If Known)

Schedule One Offence **Yes** **No**

Arson **Yes** **No**

Other Offences **Yes** **No**

If yes, please provide details

Currently on Probation? **Yes** **No**

Is there currently involvement from other agencies (*other than Local Authority*) **Yes** **No**

Details. Names, Telephone No.

Does the client have learning disability or Low IQ? **Yes** **No**

Details, particular difficulties or support needed

Violence

Does the client have a history of being violent? **Yes** **No**

Is this a current risk? **Yes** **No**

What is the level of risk?

Who is most at risk?

What are the known triggers of violence?

What is the nature of the violence are weapons used?

Have Steps been taken to combat this risk?

Has the client ever targeted individuals? **Men** **Women**

Eating Disorders

Does the client have an eating disorder? **Yes** **No**

Is this diagnosed? **Yes** **No**

Domestic Abuse

Has the client experienced domestic abuse? **Yes** **No**

Is the client still in this relationship? **Yes** **No**

Is the perpetrator likely to try and gain access? **Yes** **No**

What has been the nature of the abuse?

Self Harm

- Does the client have a history of self harm? **Yes** **No**
- Is there a current risk? **Yes** **No**
- Are others likely to be affected by this? **Yes** **No**
- Does the client deal with issues arising from self-harm to themselves? **Yes** **No**

Details of self harming and management

Drug & Alcohol Misuse

- Does the client have a history of drug and or alcohol misuse? **Yes** **No**

Historic Drugs Used

Current Drugs Used

Alcohol Used? **Yes** **No**

Units per day?

Professionals involved,
Names Address telephone
nos

- Is the client currently engaging? **Yes** **No**
- Will workers need to visit Serendipity? **Yes** **No**
- Assess chances of further problems? **Low** **Medium** **High**
- Are others likely to be affected by use? **Staff** **Clients** **Others**
- If relevant is client on a script? **Yes** **No**
- Is the client able to manage their own script? **Yes** **No**

Mental Illness

Does the client have a history of mental illness?

Yes

No

Has a disorder been diagnosed and please specify:

Professionals involved, Names Address telephone nos

Is the client currently engaging?

Yes

No

Will workers need to visit Serendipity?

Yes

No

Does the client take prescribed medication?

Yes

No

Is the client able to manage their own medication?

Yes

No

Have there been any suicide attempts?

Yes

No

Has the client felt suicidal recently?

Yes

No

When was the last suicide attempt made?

What is the risk of further attempts?

Low

Medium

High

Please specify:

Violence & Aggression Towards Children

Has the client ever been violent / aggressive towards children?

Yes

No

What is the risk of further violence?

Low

Medium

High

If yes, please specify: include any other risks to the child

Diet, Medical, Additional Information

Does the client have a history of unexplained absences?

Yes

No

If yes, please specify:

Does the client have any special dietary needs?

Yes

No

If yes, please specify:

Does the client have any specific medical needs?

Yes

No

If yes, please specify:

Does the client smoke?

Yes

No

Does the client have a history of smoking where not permitted?

Yes

No

If yes, please specify:

Is there a history of non payment of service charges or budget difficulties?

Yes

No

Any other relevant information?

Assessment carried out by

On date

Signed

Position

Is there anything the client disagrees with on this form?

Yes **No**

If yes, please specify:

Client Signature

Date

Action Required?

Further risk assessment needed from mental health team or social worker prior to decision regarding admission

Joint working arrangement needed with professionals social worker to manage identified risks

Action plan needed regarding

Inform staff team a.s.a.p. or at next staff meeting

No further action at this stage

Manager Signature

Date

This assessment should be revised initially after 4 weeks. If any incident occurs which causes concern this risk assessment should be revised as soon as possible.
