

Client Risk Assessment

Service User: **Andrew Smith**
Completed by: **Sarah Wendt**



Samaritans

MEDICAL CONDITIONS

Is this person at risk due to chronic and recurrent health conditions requiring or resulting in: (please note: mental health, epilepsy, diagnosis specific conditions, infection issues, health risk activities, sexual health are covered in other sections)

- a. Overnight feeds
- b. Fractures, cuts
- c. Bruising, abrasions
- d. Respiratory conditions
- e. Allergies
- f. Skin conditions
- g. Endocrine conditions
- h. Diabetes
- i. Sleep disorders
- j. Incontinence

*Thyroid needs monitoring—can become very sick/mood swings++
Treatment for tinea and very dry skin has medications
Diagnosed with sleep apnoea uses CPAP machine*

- Client (Self report)
- Family
- Accommodation
- Day Services
- Work
- Records/reports/assessments
- Other: **NSWDDHU report, annual health assessment**

DISEASE

Does this person place themselves, staff or members of the public at risk due to chronic or recurrent infections or communicable diseases?

- a. Does this person experience chronic or recurrent infectious diseases?
- b. Do they understand the necessity to take reasonable steps to reduce/eliminate the spread of these diseases to others?
- c. Do they practice good personal hygiene habits and skills?
- d. Do they engage in behaviours that may result in these diseases being spread to staff or members of the public?
- e. Are they diagnosed with any communicable diseases?
- f. Do they cover their mouth when coughing in front of others?
- g. Do they share eating utensils or sanitary items such as toothbrushes with others?
- h. Do they share needles with others?

Requires supervision and prompting around personal care, hand washing and monitoring for incontinence. Skills building plan in place. No diagnosed communicable disease and no history of illnesses from poor hygiene

- Client (Self report)
- Family
- Accommodation
- Day Services
- Work
- Records/reports/assessments
- Other: **incident reports**

HEALTH PROMOTION AND PREVENTION

Is this person physical health status or the health of others at risk due to engaging in certain activities?

- a. Do they eat a balanced diet?
- b. Are they overweight?
- c. Do they smoke, drink or take drugs?
- d. Do they exercise regularly?
- e. Do they practice good personal hygiene habits and skills?
- f. Is this person over 50 yrs old?
- g. Does this person smoke around staff or members of the public?
- h. Do they take others food?
- i. Do they fail to attend required medical appointments
- j. Do they ignore medical advice

Currently morbidly obese and prone to binge eating. Doctor concerned ++ glucose intolerance and high blood pressure indicated

- Client (Self report)
- Family
- Accommodation
- Day Services
- Work
- Records/reports/assessments
- Other: **NSWDDHU report, annual health assessment**

HIGH ← Severity → LOW

Information Sources (please tick and specify)	SELF	OTHERS	PROPERTY
	circle identified RISK RATING	circle identified RISK RATING	circle identified RISK RATING
	HIGH	←Likelihood→	LOW
	1 1 2 3	1 1 2 3	1 1 2 3
	1 2 3 4	1 2 3 4	1 2 3 4
	2 3 4 5	2 3 4 5	2 3 4 5
	3 4 5 6	3 4 5 6	3 4 5 6
	1 1 2 3	1 1 2 3	1 1 2 3
	1 2 3 4	1 2 3 4	1 2 3 4
	2 3 4 5	2 3 4 5	2 3 4 5
	3 4 5 6	3 4 5 6	3 4 5 6
	1 1 2 3	1 1 2 3	1 1 2 3
	1 2 3 4	1 2 3 4	1 2 3 4
	2 3 4 5	2 3 4 5	2 3 4 5
	3 4 5 6	3 4 5 6	3 4 5 6

<h1>Client Risk Assessment</h1> <p>Service User: Andrew Smith Completed by: Sarah Wendt</p>		Information Sources (please tick and specify)	SELF	OTHERS	PROPERTY
			circle identified RISK RATING	circle identified RISK RATING	circle identified RISK RATING
Notes		Information Sources (please tick and specify)	HIGH	←Likelihood→	LOW
MENTAL HEALTH Does this person Mental Health issues place themselves, others or property at risk? Does this person have a diagnosed mental health issue? If YES, what is this diagnosis? Why is this person at risk due to this diagnosis? Does this person place others at risk during periods when their mental health status has been compromised? Does this person place property at risk during periods when their mental health status has been compromised? a. Are they at risk of self harm, suicide, social isolation, stigma, loss of stable accommodation, overdose? b. Are they verbally abusive or threatening towards staff or members of the public during these periods? c. Does this person become aggressive or violent during these periods? d. Do they 'plan' situations that may place staff or members of the public at risk? e. Due to their behaviours or actions, do they compromise the mental health of staff or members of the public during these periods? f. Does this person become aggressive or violent during these periods and engage in property destruction? g. Do they throw objects or rip up items?		<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 1 2 3 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 1 2 3 2 3 4 5 3 4 5 6
SEXUAL HEALTH Does this person engage in certain behaviours that may compromise the sexual health status of themselves or others? a. Are they aware of STDs? b. Do they have unprotected sex? c. Do they practice good personal hygiene following sexual activities? d. Do they understand the notion of consent? e. Do they take advantage of others through sexualised behaviours?		<input checked="" type="checkbox"/> Client (Self report) <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other: FPA educators report	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 1 2 3 2 3 4 5 3 4 5 6
EPILEPSY Does this person place themselves, others or property at risk due to a diagnosis of epilepsy? a. Is this person's epilepsy reasonably controlled? b. In the past has this person sustained injury directly attributable to epilepsy? c. Does this person like to have a bath or go swimming? d. Does this person try to grab or hit others during seizure activity? e. Does this person unexpectedly fall onto others due to seizure activity? f. Does this person try to destroy property during seizure activity? g. Does this person unexpectedly fall due to seizure activity and cause damage to property?		<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 1 2 3 2 3 4 5 3 4 5 6

HIGH ← Severity → LOW

Has engaged in sex without protection in the past. Has responded well to education and currently utilizes condoms

Epilepsy is well controlled and stable (even when medication is missed periodically) No recorded seizures since pneumonia in 2004



Client Risk Assessment		Information Sources (please tick and specify)	SELF circle identified RISK RATING	OTHERS circle identified RISK RATING	PROPERTY circle identified RISK RATING	HIGH ← Likelihood → LOW	
						HIGH	LOW
Client Risk Assessment Service User: Andrew Smith Samaritans Completed by: Sarah Wendt		Notes	SELF circle identified RISK RATING 1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	OTHERS circle identified RISK RATING 1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	PROPERTY circle identified RISK RATING 1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	HIGH ← Severity → LOW	
INVOLUNTARY MOVEMENTS Does this person place themselves, others or property at risk through unexpected or involuntary body movements such as spasms, myoclonic jerks, motor tics, and movements experienced during seizure activity or other involuntary movements that they cannot control? a. Does this person experience body movements that they have no control over? b. Have they ever hit or struck staff or members of the public unintentionally due to these movements? c. Are they diagnosed with a neurological or movement disorder that may predispose them to involuntary movement. eg. epilepsy, cerebral palsy? d. Does this person experience body movements that they have no control over and that have in the past caused damage to property? e. Are they vulnerable to panic and panic attacks		<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6		
CHOKING AND ASPIRATION Has this person ever choked or gagged on their food? a. Do they cough or splutter during mealtimes? b. Has a "Swallowing Checklist" been completed on this person identifying risks? c. Do they need a special diet because of any choking risk? d. Have they ever been diagnosed with aspirated pneumonia? e. Are they missing most or all of their teeth? f. Do they eat very quickly? g. Do they have a specific diagnosis that reduces their ability to eat and drink safely?		<input checked="" type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6		
MEDICATION Does this person take their medication as prescribed or experience side effects or adverse reactions to any current medications or medications that have been given in the past that places them or others at risk? a. Consider side effects such as ataxia, blurred vision etc, or adverse reactions such as tardive dyskinesia, anaphylaxis? Are they currently prescribed medications that are known to have assoc risks e.g. older style antipsychotic? b. Do they ever take other people's medications? c. Do they ever decline or refuse their own medication? d. Are the medications stored, supplied and administered safely and correctly? e. Would the person's health be at immediate risk if they did not receive their medication as prescribed? f. Does the person have known allergies to commonly prescribed medications?		<input type="checkbox"/> Client (Self report) <input checked="" type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6		
DIAGNOSIS Is this person at risk due to a specific diagnosis, syndrome or condition? e.g. down syndrome and potential heart problems, cerebral palsy and potential swallowing risks? What is this syndrome? Down Syndrome What are the specific risks associated with this syndrome?		<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input checked="" type="checkbox"/> Records/reports/assessments Other: CCDHU report, annual health assessment	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6		

Client Risk Assessment

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Samaritans Completed by: **Sarah Wendt**



ENVIRONMENTAL HAZARDS

Is this person at risk due to exposure to environmental hazards such as electricity, sharps, chemicals, flammables, water, poisons, etc.?

- a. Do they access cupboards or areas where chemicals, poisons etc are kept?
- b. Are poisons and flammables stored appropriately?
- c. Do they attempt to drink and eat inedible or unpalatable items?
- d. Do they understand the risks associated with these types of hazards?
- e. Do they 'play' with fire, electricity and electrical items
- f. Do they slip, slop, slap to protect themselves from sunlight?

TRIPS, SLIPS AND FALLS

Does this person place themselves, others or property at risk by pushing, grabbing or tripping?

- a. Is this person unsteady on their feet?
- b. Does their medication interfere with their balance and posture?
- c. Do they have epilepsy?
- d. Do they have poor eyesight that may result in a fall?
- e. Are they able to walk up and down stairs unassisted?
- f. Are they able to walk on uneven ground without falling over?
- g. Does this person grab onto or unexpectedly fall onto staff or members of the public?
- h. Does this person push past others when in a hurry or trying to get something?
- i. Is this person unreasonably forceful when they try to grab or push or hold other clients?
- j. Do they ever forcefully shake other clients?
- k. Do they ever try and trip other clients over?
- l. Do they run around recklessly and crash into people?
- m. Do they ever try and hold staff or members of the public down under water when swimming?

MANUAL HANDLING

Does this person pose a risk to themselves or others due to their manual handling requirements?

- a. Does this person pose a risk to property due to their mobility requirements?
- b. Is this person in a wheelchair, or use other mobility aids?
- c. Does this person have mobility problems?
- d. Does this person fall over onto the ground?
- e. Does this person need to be lifted, transferred, assisted with ambulation?
- f. Has the person injured others before through manual handling?
- g. Have they caused damage to property due to their mobility requirements?

Notes
*Has attempted to drink cleaning products. Non-toxic Cleaning product currently locked in chemical cupboard
 Needs to be reminded to apply sunscreen*

Information Sources (please tick and specify)	SELF	OTHERS	PROPERTY
	circle identified RISK RATING	circle identified RISK RATING	circle identified RISK RATING
	HIGH	←Likelihood→	LOW
<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1	1	1
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6
<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1	1	1
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6
<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1	1	1
	2	2	2
	3	3	3
	4	4	4
	5	5	5
	6	6	6

HIGH ← Severity → LOW

<h1 style="text-align: center;">Client Risk Assessment</h1> <p style="text-align: center;">Service User: Andrew Smith Completed by: Sarah Wendt</p>		Notes	Information Sources (please tick and specify)	SELF	OTHERS	PROPERTY
				circle identified RISK RATING	circle identified RISK RATING	circle identified RISK RATING
				HIGH ← Likelihood → LOW		
ACCOMMODATION Is this person exposed to risks that are specific to their accommodation? Does this person place others or property at risk specifically at their accommodation? a. <i>Is the environment safe?</i> b. <i>Are hazards effectively controlled?</i> c. <i>Is there adequate supervision?</i> d. <i>Is the person safe from other people?</i> e. <i>Do they undertake 'risky' activities specific to their accommodation e.g. household chores, swimming and community outings and if so are these risks effectively controlled?</i> f. <i>Does the person engage in activities or behaviours that places others or property at risk?</i> g. <i>Do they interfere with equipment that places others at risk or could cause damage to the equipment?</i>			<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6
DAY PROGRAMS Is this person exposed to risks that are specific to their attendance at day programs? Does this person place others or property at risk during their attendance at day programs? a. <i>Is the environment safe?</i> b. <i>Are hazards effectively controlled?</i> c. <i>Is there adequate supervision?</i> d. <i>Is the person safe from other people?</i> e. <i>Do they undertake 'risky' activities whilst at day program e.g. swimming, community outings and if so are these risks effectively controlled?</i> f. <i>Does the person engage in activities or behaviours that places others or property at risk?</i> g. <i>Do they interfere with equipment that places others at risk or could cause damage to the equipment?</i>			<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6
EMPLOYMENT Is this person, others or property at risk due to during their attendance at their place of employment? a. <i>Is the environment safe?</i> b. <i>Are hazards effectively controlled?</i> c. <i>Is there adequate supervision?</i> d. <i>Is the person safe from other people?</i> e. <i>Do they undertake 'risky' activities whilst at the employment program e.g. operating machinery, dealing with environmental waste or biohazards and if so are these risks effectively controlled?</i> f. <i>Does the person engage in activities or behaviours that place others at risk?</i> g. <i>Do they engage in challenging behaviours at employment that places others or property at risk?</i> h. <i>Do they interfere with equipment that places others or property at risk?</i>			<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6

HIGH ← Severity → LOW

Client Risk Assessment

Service User: **Andrew Smith**

Samaritans Completed by: **Sarah Wendt**

COMMUNITY ACCESS

Is this person at risk during outings in the community?
Does this person place others at risk during outings in the community?

- Are the locations that the individual attends safe from environmental hazards?
- Do they have a general awareness of safety in the community?
- Can they wander away or get lost in the community?
- Can they place themselves in danger from other people when in the community?
- Are the activities that the individual undertakes whilst on community outings placing others at risk?
- Do they engage in criminal activity

RECREATION

Is this person at risk or places others or property at risk of harm due recreational, leisure or hobby activities?

- Does the person engage in recreational activities that are risky or are being conducted unsafely?
- Do they engage in individual or group recreational activities of a physical nature that may place themselves or others at risk?
- Do they play sport or engage in sporting like activities that places themselves or others at risk?
- Are there aspects of their general health profile that may compromise their or others safety during recreational activities?
- Do they become overly aggressive whilst engaging in recreational activities that may harm others?
- Do they gamble excessively?

PROTECTIVE BEHAVIOURS

Is this person at risk of physical, sexual or financial injury in relationship to stranger danger?

- Do they give out their personal details to strangers or invite strangers to their house?
- Are they over familiar or trusting with people they don't know
- Do they frequent environments, where unsupervised, they may be placed at risk of exploitation?
- Do they antagonize strangers or get in their face?
- Are they careless with money handling or don't secure their money and valuables

Notes

Shoplifting from major department stores

Has sustained a minor burn injury whilst on scout camp

Information Sources (please tick and specify)

- Client (Self report)
- Family
- Accommodation
- Day Services
- Work
- Records/reports/assessments
- Other:

- Client (Self report)
- Family
- Accommodation
- Day Services
- Work
- Records/reports/assessments
- Other: **scout master**

- Client (Self report)
- Family
- Accommodation
- Day Services
- Work
- Records/reports/assessments
- Other:

SELF circle identified RISK RATING

1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

OTHERS circle identified RISK RATING

1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

PROPERTY circle identified RISK RATING


1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6


1 1 2 3
1 2 3 4
2 3 4 5
3 4 5 6

HIGH ← Severity → LOW

HIGH ← Likelihood → LOW

 <h1>Client Risk Assessment</h1> <p>Service User: Andrew Smith Completed by: Sarah Wendt</p>		Notes	Information Sources (please tick and specify)	SELF	OTHERS	PROPERTY
				circle identified RISK RATING	circle identified RISK RATING	circle identified RISK RATING
				HIGH	←Likelihood→	LOW
<p>TRANSPORTATION</p> <p>Is this person at risk whilst using transport? During periods of transportation does this person place others at risk by engaging in behaviours that results in physical, emotional or psychological harm or injury? During periods of transportation has the person ever caused damage to the vehicle?</p> <p>a. Have they ever tried to get out of a moving vehicle or remove their seatbelt whilst in transit? b. Are they aware of the general dangers associated with traffic? c. Have they ever hurt themselves whilst being transported? d. Are they able to get in and out of a vehicle safely? e. If they travel by bus are they able to climb up and down the stairs safely? f. Do they try and push other clients out of moving or stationary cars? g. Have they ever accidentally or purposefully slammed a car door onto people's fingers? h. Have they ever hit, slapped, punched or kicked another occupant during periods of transportation? i. Have they ever damaged, kicked, hit or punched the external or internal part of the vehicle?</p>		<p><input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	
<p>PHYSICAL, SEXUAL, AND VERBAL AGGRESSION</p> <p>Does this person place themselves, others or property at risk by engaging in behaviours such as verbal abuse, physical aggression, violent acts or sexualized behaviours directed towards clients, staff or members of the public that results in physical, emotional or psychological harm or injury?</p> <p>a. Does this person verbally abuse staff or members of the public causing them to become upset or withdrawn? Has the person hit, punched, slapped, bitten, spat or kicked staff or members of the public? c. Have they ever thrown objects at staff or members of the public? d. Does this person take it out on staff, members of the public or property when he or she is upset, cranky or frustrated? e. Does this person have weapons at their disposal or do they profess an interest in weapons and violent behaviour? f. Is this person sexually active and places others at risk due to aggressive sexual behaviour? g. Do they take advantage of, intimidate or threaten others? h. Has the person hit, punched, or kicked property that causes damage? i. Have they ever thrown objects /property causing damage?</p>		<p><input checked="" type="checkbox"/> Client (Self report) <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input checked="" type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	
<p>SELF HARM</p> <p>Is this person at risk due to engaging in self-harm or self-mutilation behaviour?</p> <p>a. Cutting b. Scratching c. picking d. burning e. biting f. Ingesting inedible objects g. Do they ever bang their head or engage in other behaviours causing harm to self? h. Do they smoke, or engage in alcohol and/or drug abuse? i. Do they appear to deliberately place themselves in dangerous situation? j. Do they refuse to eat or drink for days</p>		<p><input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	<p>1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6</p>	

HIGH ← Severity → LOW

 Client Risk Assessment Service User: Andrew Smith Completed by: Sarah Wendt		Notes	Information Sources (please tick and specify)	SELF	OTHERS	PROPERTY
				circle identified RISK RATING	circle identified RISK RATING	circle identified RISK RATING
				HIGH ← Likelihood → LOW		
ABSCONDING Is this person at risk due to absconding or wandering away without telling anyone? a. Is the person at risk if they are unsupervised in the community? b. Has this person ever gone missing and a formal search carried out? c. If this person were not supervised would they be at risk of wandering away? d. Would they wander off by themselves on a community outing? e. Is the person easily disorientated and confused (e.g. have Alzheimer's)? f. Would people and property in the community be unsafe if this person is unsupervised in the community?			<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6
DROWNING Is this person at risk of drowning? Do they go swimming? Can they swim unassisted? Do they like to have a bath? Have they ever experienced near drowning before? Have they ever needed to be rescued from the water? Do they have epilepsy? Do they ever go to a pool or beach unsupervised? Are they fascinated by water?		Excellent swimmer however declining health and epilepsy is concerning. Rescued last summer at beach in rough surf	<input checked="" type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input checked="" type="checkbox"/> Accommodation <input checked="" type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6
OTHER RISK Please Specify:			<input type="checkbox"/> Client (Self report) <input type="checkbox"/> Family <input type="checkbox"/> Accommodation <input type="checkbox"/> Day Services <input type="checkbox"/> Work <input type="checkbox"/> Records/reports/assessments Other:	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6	1 1 2 3 1 2 3 4 2 3 4 5 3 4 5 6