

Risk Assessment

The following assessment tool is to be used if the person served has made contact with a behavioral health professional and is willing to work with us, to some degree to assess risk. If a person is fully determined to take their own life or that of another, there may be nothing a behavioral health professional can do to prevent this from occurring. The assessment of risk is complicated and is based on many interacting factors. The items in this tool are based on research and many years of practical experience. The tool is a means to gather data. This data must then be considered in its entirety before making a determination of risk.

Data Field	Person Demographic Information
Person's Name	Record person's first, last name and middle initial. Order of name is at agency discretion.
Record Number	Record agency's established identification number for the child served.
Date of Admission	Record the date of admission.
Organization/Program Name	Record the organization/program for whom you are delivering the service.
DOB	Record the person's date of birth.
Gender	Indicate person's gender by checking the appropriate box. If checking "Transgender" box, also complete box of current gender designation for insurance purposes.
Data Field	Safety and Protective Factors
Safety and Protective Factors	These factors often support individuals with self-management of risk issues. Many of these factors are found elsewhere in the assessment but repeated here for ease of formulating concerns about risk. Indicate below by checking yes, no, or not known if the person is currently engaged with any Safety and Protective Activities. Comment on each yes answer.
Stable Housing	
Stable Employment	
Has Income/Insurance/ Benefits	
Has Positive Alliance with Service Providers	
Experience Positive Benefits from Treatment	
Seeks Assistance When at Risk/in Danger	
Had Developed a Crisis/Safety Plan/ WRAP Plan/ Self Care Plan	
Medication Adherence	
Able to Plan and Follow Through	
Capacity for Empathy/Perspective Taking	
Religious/ Spiritual Beliefs or Involvement	
Stable/Positive Personal Relationships	

Positive Family Supports/ Has Children or Pets	
Has Insight About Her/ His Symptoms	
Sobriety/ No Active Substance Use	
Low Psychosocial Stressors	
Capacity to Weigh Risks and Benefits of Decisions	
Capacity for Emotional Self-Regulation	
Capacity for Self- Management of Behaviors	
Future Orientation/ Goals	
Recovery Orientation	
Data Field	Risk Factors
Harm to Others Factors	Indicate below if the person has any past or current risk factors relating to the category. For each item marked "past" or "current", please not the context of the risk factor and any other relevant information regarding its occurrence. If there is current presentation of an acute risk, such as suicidal ideation, homicidal ideation, etc., please refer to agency specific protocols.
Thoughts/ Plans for Harming/ Killing Others	
Direct Violent Thoughts	
Indirect Threats Implying Violence	
Verbal Aggression that Precedes Violence	
Serious Property Damage	
Physical Assault/ Violence to Others	
Sexual Assault Against Others	
Illegal or Antisocial Behaviors/ Arrest/ Conviction/ NGRI/ Incarceration	
Neglect or Abuse of Dependents	
Stalking/ Restraining Order/ Obsession Targeted at a Particular Person	

Arson/ Fire Setting/ Fire Safety Issues	
Extreme Paranoia/ Perception of Threats/ Command Hallucinations to Harm Others	
Failure of Prior External Supervision to Control or Reduce Harm to Others	
Other Harm or Danger to Others Issues	
Other Harm or Danger to Others Issues	
Data Field	Self-Harm Factors
Suicidal Thoughts/ Plans/ Rehearsal Behaviors	
Suicide attempts	
Self-Harm Behaviors	
Family History of Suicidal/ Self-Harm	
Life Threatening Eating Disorder	
Victimized by Others/ Places Self in Danger	
Command Hallucinations for Self-Harm	
Elopement Without Ability to Self-Preserve	
Other Self Harm	
Other Self Harm	
Other Self Harm	
Data Field	Other Risk Factors
	These factors may increase the level of concern a clinician has regarding potential risk.
Recent Significant Loss	
Memory Impairment/ Dementia/ Disorientation	
Developmental Disability/ PDD Spectrum	
Young Age at Time of First Violent Behavior	
Early Attachment Issues	
Traumatic Brain Injury	

Cognitive Impairment/ Learning Disability	
Extreme Impulsivity	
Presents with Trauma Related Symptoms	
Lack of Empathy/ Remorse When Aggressive	
Injury to Animals	
Positive View of Criminal Behavior	
Requires Substitute Decision Making	
Access to/ Keeping/ Carrying/ Using Weapons	
Non-Violent Problematic Sexual Behavior	
Person is Actively Abusing Substances	
Increased Risk Associated with Presence of Psychiatric Symptoms	
Unwilling/ Unable to Engage in Shared Risk Decisions/ Risk Reduction Efforts	
Chronic Medical Illness or Chronic Pain	
Unable/ Unwilling to Manage Risks	
Experiencing Acute High Stress Situation	
Data Field	Summarize the Risk and Protective Factors
Summarize the Risk and Protective Factors and Indicate if Further Planning is Needed per Agency Protocols	
Data Field	Signatures
Person's Signature (Optional, if clinically appropriate)	Signature of the person to be served by the agency indicating his/her understanding and acceptance of the treatment recommendation/assessed needs.
Date	Record the date of the signature.

Parent/ Guardian Signature (if appropriate)	
Date	Record the date of the signature.
Clinician/ Provider- Print Name/ Credential	Legibly print name and credential(s) of person completing the Comprehensive Assessment.
Date	Record the date of the signature.
Supervisor- Print Name/ Credential (if needed)	If the diagnosis is rendered by a clinician other than the clinician printed above, then the clinician rendering the diagnosis must print his/her educational level and highest license level.
Date	Record the date of the signature.
Clinician/ Provider Signature	Legible signature of person completing the Comprehensive Assessment.
Date	Record the date of the signature.
Supervisor Signature (if needed)	If the diagnosis is rendered by a clinician other than the clinician signed above, then the clinician rendering the diagnosis must provide his/her signature and record his/her educational level and highest license level.
Date	Record the date of the signature.
Psychiatrist/MD/DO (if required)	This is a requirement for Opiate Treatment Programs.