

**CARE COMMUNITY COUNSELLING CENTRE
Client Risk Assessment Form**

N.B. This risk assessment must be fully completed for **ALL** clients referred to our Service by health or social care professionals (e.g. medical doctors, nursing staff, social workers, occupational therapists, psychologists, counsellors, etc.) **Referrals submitted without this completed form attached will NOT be accepted.**

1. Behaviour that causes concern

A) Record of previous deliberate self-harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
B) Currently threatening suicide and/or self-harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
C) Previous or current incidents of actual or threatened violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
D) Previous or current threat to use weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
E) Threatened or actual aggression towards carers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
F) Misuse of drugs (prescribed or illegal)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
G) Excessive use of alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
H) Evidence of self-neglect (such as poor hygiene)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
I) Evidence of risk through abuse/exploitation from others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
J) Sexually inappropriate behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
K) Other reports or evidence of current risk behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information

Please comment on "Yes" and "Insufficient information" answers. Consider recency, frequency and severity.

2. Risks to children

A) Evidence of current neglect/violence/emotional abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information
B) Other reports or evidence of risks to children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient information

Please comment on "Yes" and "Insufficient information" answers. Consider recency, frequency and severity.

3. Is this client currently engaged in a program of treatment aimed at reducing drug or alcohol use?

Yes No Insufficient information

Please comment on "Yes" and "Insufficient information" answers.

4. Has this client ever been hospitalised for the purpose of psychiatric assessment and/or treatment?

Yes No Insufficient information

Please comment on "Yes" and "Insufficient information" answers. Consider recency, frequency and severity.

Signature of assessor: _____ **Date of assessment:** _____

OFFICE USE ONLY

Date Received:	Tel contact with referrer?	Comments:
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