



# BRIEF RISK ASSESSMENT

SURNAME:		SEX:	
FORENAMES:	BIRTHDATE:		
CLIENT'S ADDRESS:			

<b>SOURCE OF INFORMATION</b>	The consumer	Immediate carer (parent, spouse, child)
Other informants (family, friends)	Previous clinical records	Assessing clinician's knowledge of consumer's past behaviour/current clinical presentation
Police/ambulance/other agencies	Other (please specify) _____	

<b>SUICIDALITY Static (historical) factors</b>	Yes (1)	No (0)	Not Known	<b>Dynamic (current) risk factor</b>	Yes (2)	No (0)	Not Known
Previous attempt(s) on own life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing suicidal ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous serious attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has plan/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expresses high level of distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major psychiatric diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness/perceived loss of coping or control over life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major physical disability/illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent significant life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated/Widowed/Divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job/retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROTECTIVE FACTORS** (describe) :

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**LEVEL OF SUICIDE RISK (total score):**  **LOW (<7)**  **MODERATE (7-14)**  **HIGH (>14)**

<b>AGGRESSION/VIOLENCE Static (historical) factors</b>	Yes (1)	No (0)	Not Known	<b>Dynamic (current) risk factor</b>	Yes (1)	No (0)	Not Known
Recent incidents of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 35 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent command hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger, frustration or agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous dangerous acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with violent ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug/alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROTECTIVE FACTORS** (describe) :

**LEVEL OF VIOLENCE RISK (total score):**  **LOW (<7)**  **MODERATE (7-14)**  **HIGH (>14)**

**OTHER RISKS IDENTIFIED (AND RISK FACTORS)**

**RISK MANAGEMENT ISSUES** (please ensure alerts are noted here)

**BRIEF RISK ASSESSMENT**

(To be completed by assessing clinician)

**PRINT NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**

(Where appropriate, management plan to be acknowledged by requesting medical practitioner)

**PRINT NAME:**

**DESIGNATION:**

**SIGNATURE:**

**DATE:**