



# Referral and Clinical Risk Management



<b>Client's name:</b>	<b>Date of birth</b> /   /
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To be used as a summary of the comprehensive assessment and management plan, or as a brief up-date when a detailed version is not required.

## SUMMARY OF RISK ASSESSMENT

**Involvement of client in assessment**.....

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**Primary risk identified**.....

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**Other risks identified**.....

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**INITIAL RISK MANAGEMENT PLAN**

**Precautions**.....  
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**To be discussed with**.....  
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**Information needed**.....  
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**Actions**.....  
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**Completed by**.....**Date**.....**Time**.....

**Review date**.....

**DETAILED ASSESSMENT**

**AGENCY DETAILS**

Agency Name: ..... Contact Name & Role:.....

Phone: .....Date of referral:..... Email:.....

Agency Address:.....

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Time assessment began: ..... Time assessment ended: .....

**Client's Details**

Client's name:..... Date of birth        /        /

Gender: Male  Female

Have you used this service within the last 6 months? Yes  No  Unknown

Would you describe yourself as Lesbian Gay Man  Bisexual  Heterosexual

How many children (17 or under) currently live with you?.....

Are you pregnant? Yes  No  If yes, approx.. Due date:.....

What is you marital status: Married/Separated/Divorced/Widowed/Single/Co-habiting

Other (Please state).....

Address:.....

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.....Postcode.....

Next of Kin Contact Details:.....

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## NETWORK OF SUPPORT AND COPIES SENT TO

Network of support		Names (Where relevant)		Copies sent to
General Practitioner	<input type="checkbox"/>	.....		<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	.....		<input type="checkbox"/>
CP Nurse	<input type="checkbox"/>	.....		<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	.....		<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	.....		<input type="checkbox"/>
Midwife	<input type="checkbox"/>	.....		<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	.....		<input type="checkbox"/>
Other	<input type="checkbox"/>	.....		<input type="checkbox"/>

## RISK INDICATORS

### SUICIDE

(Place a X next to the given answer)

Previous attempts on their life	yes	No	Don't know
Misuse of drugs and/or alcohol	yes	No	Don't know
Major psychiatric diagnoses	yes	No	Don't know
Expressing suicidal ideas	yes	No	Don't know
Expressing high levels of distress	Yes	No	Don't know
Family history of suicide	Yes	No	Don't know
Recent significant life events	Yes	No	Don't know
Other.....	Yes	No	Don't know

**Comments** .....

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<b>NEGLECT</b>	<b>(Place a X next to the given answer)</b>
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Previous history of neglect	Yes	No	Don't know
Failing to eat/drink properly	Yes	No	Don't know
Difficulty managing physical health	Yes	No	Don't know
Pressure of eviction/repossession	Yes	No	Don't know
Lack of positive social contacts	Yes	No	Don't know
Experiencing financial difficulties	Yes	No	Don't know
Other	Yes	No	Don't know

**Comments** .....

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<b>AGRESSION /VIOLENCE</b>	<b>(Place an X next to the given answer)</b>
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Previous incidents of violence	Yes	No	Unknown
Misuse of drugs and or/alcohol	Yes	No	Unknown
Known personal trigger factors	Yes	No	Unknown
Expressing intent to harm others	Yes	No	Unknown
Paranoid delusions/hallucinations	Yes	No	Unknown
Previous psychiatric admission	Yes	No	Unknown
Other.....	Yes	No	Unknown

**Comments** .....

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**OTHER**

Self-injury (cutting/burning)	Yes	No	Unknown
Other self-harm	Yes	No	Unknown
Stated abuse by others	Yes	No	Unknown
Abuse of others	Yes	No	Unknown
Harassment by others	Yes	No	Unknown
Risks to children	Yes	No	Unknown
Culturally isolated situation	Yes	No	Unknown
Other.....	Yes	No	Unknown

**Comments** .....

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**SITUATIONAL CONTEXT OF RISK FACTORS**

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**HISTORICAL AND/OR CURRENT CONTEXT OF RISK FACTORS**

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**SUMMARY OF POSITIVE RESOURCES AND POTENTIALS**

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**SUMMARY OF RISK ASSESSMENT**

(INCLUDING, FOR EXAMPLE – FACTORS, CONTEXT, GUT REACTIONS/INTUITION, POTENTIAL FOR POSITIVE RISK TAKING)

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**OPPORTUNITIES FOR RISK PREVENTION (RISK MITIGATING/PROTECTIVE FACTORS)**

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