

Brief Risk Indicator Check List

Based on PMHT assessment

RISK ASSESSMENT & RISK BEHAVIOUR HISTORY				
Suicide and Self-Harm				
	In last 6 months		Ever	
	Yes	No	Yes	No
Act with suicidal intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-injury or harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection				
Risk of neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of emotional / psychological abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of physical harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of sexual abuse/exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of abuse of power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm to Others				
Violence to family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk to other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence to general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation of others (e.g. financial, emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault (including touching/exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AWARENESS OF RISK		
Is the person aware of the risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they know who to contact for help?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

RISK ASSESSMENT & RISK BEHAVIOUR HISTORY				
Most serious harm caused to others				
None	<input type="checkbox"/>			
Minor injury	<input type="checkbox"/>			
Serious injury	<input type="checkbox"/>			
Not known	<input type="checkbox"/>			
Forensic History (ever)				
No	<input type="checkbox"/>			
Yes	<input type="checkbox"/>			
Not known	<input type="checkbox"/>			
Factors Increasing Risk				
	In last 6 months		Ever	
	Yes	No	Yes	No
History of family breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family mental health illness/drug/alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of Social breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse (alcohol/drug abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education based (e.g. truancy/bullying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Compliance with medication/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of losing essential services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of eviction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT MENTAL STATE		
Are there any symptoms which indicate an increased risk of harm to self or others?		
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Information obtained from:				
Client <input type="checkbox"/>	Case Notes <input type="checkbox"/>	Relative / Carer <input type="checkbox"/>	Professional <input type="checkbox"/>	Other <input type="checkbox"/>

Calculation of Risk -
Include Comments to Expand on Tick Boxes: