

## HASI & CLS RISK ASSESSMENT

Given name:	Surname:
DOB:	MRN:
Address:	

### MAJOR SAFETY CONCERNS

SUICIDE & SELF-HARM	Past History	Current (last 12 months)	Unknown
Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harming behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give brief details with approximate dates and frequency:

Comment on precipitating factors (if known):

Briefly describe management plans (if any) put in place to mitigate the risk:

VIOLENCE/AGGRESSION	Past History	Current (last 12 months)	Unknown
Violence/aggression towards others or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent ideations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to weapons/previous use of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predatory behaviours/stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give brief details with approximate dates and frequency:

Comment on precipitating factors (*i.e. command hallucinations, paranoia, intoxication...*):

Briefly describe management plans (if any) put in place to mitigate the risk:

SIGNIFICANT FACTORS IMPACTING ON MENTAL HEALTH/SAFETY	
<b>Medical, physical or mobility factors</b> Briefly describe:	<input type="checkbox"/>
<b>Intellectual disability/cognitive deficits</b> Briefly describe:	<input type="checkbox"/>
<b>Vulnerability (<i>i.e. manipulation, sexual, financial...</i>)</b> Briefly describe:	<input type="checkbox"/>
<b>Substance misuse and addictions (<i>i.e. prescription medication, gambling...</i>)</b> Briefly describe:	<input type="checkbox"/>
<b>Disinhibition/impulsivity</b> Briefly describe:	<input type="checkbox"/>
<b>Disorientation/disorganisation</b> Briefly describe:	<input type="checkbox"/>
<b>Self-neglect</b> Briefly describe:	<input type="checkbox"/>
<b>Environmental factors (<i>i.e. squalor, sharps, biological hazards...</i>)</b> Briefly describe:	<input type="checkbox"/>
<b>Homelessness</b> Briefly describe:	<input type="checkbox"/>

<b>Non-adherence with medication</b> Briefly describe:	<input type="checkbox"/>
<b>Other</b> Briefly describe:	<input type="checkbox"/>

### TRIGGERS & WARNING SIGNS

Describe any triggers or warning signs that may indicate a deterioration in mental state:

### PROTECTIVE FACTORS

Briefly describe strengths and protective factors (*i.e. insight into illness, engagement with services, supportive family, independent, resourceful, resilient, willingness to work toward goals...*):

### RECOMMENDATIONS

Other impressions of applicant or recommendations to service delivery (*i.e. paired visits, gender of staff, engagement strategies...*):

### CLINICIAN DETAILS

Facility or organisation:

Designation:

Name:

Signature:

Date: