

A1.4



Inspiring Success Fulfilling Ambition

INITIAL RISK ASSESSMENT

In order to facilitate the risk assessment process, it is important that this form is completed accurately and that all relevant information regarding levels of risk is disclosed.

Name of young person:

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Date of birth:

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Referring Agency:

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Address:

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Risk Indicators
indicator.

Please circle one of these responses for every risk

Dangerous Behaviour

- | | |
|--|--------------------|
| Known history of violence: | YES / NO / UNKNOWN |
| Problems managing anger / impulsive behavior: | YES / NO / UNKNOWN |
| Known history of abuse or harassment of others: | YES / NO / UNKNOWN |
| Sexual offences / inappropriate sexual behavior: | YES / NO / UNKNOWN |
| Known anger to children: | YES / NO / UNKNOWN |
| Known history of arson: | YES / NO / UNKNOWN |
| History of criminal or deliberate damage: | YES / NO / UNKNOWN |
| Known to carry knives/weapons: | YES / NO / UNKNOWN |

Mental health problems

- | | |
|--|--------------------|
| History of severe and enduring mental health problems: | YES / NO / UNKNOWN |
| Psychiatric admissions under the Mental Health Act: | YES / NO / UNKNOWN |
| Inappropriate / anti-social behavior: | YES / NO / UNKNOWN |
| History of self-harm / suicide attempts: | YES / NO / UNKNOWN |

Self-care / Risk from others

- | | |
|---|--------------------|
| Alcohol misuse: | YES / NO / UNKNOWN |
| Drug / medication misuse: | YES / NO / UNKNOWN |
| History of serious self-neglect: | YES / NO / UNKNOWN |
| Accidental harm: | YES / NO / UNKNOWN |
| History of exploitation: | YES / NO / UNKNOWN |
| Persistent provoking / annoying behavior: | YES / NO / UNKNOWN |
| Threat of harassment/violence from a particular locality: | YES / NO / UNKNOWN |

Other (please specify):.....
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If you have circled YES to any of the above, please give details below
(Continue overleaf if necessary)

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Completed by:

Position:

Agency:

Date: