Risk Assessment

Someone to listen!

The following risk assessment form enables us to assess the safety of Service Users and staff

Name: …… **Staff**: ……

	No Problem	Past but significant	Present (include any medications, current treatments, probation details etc)
Drug Use?			
Alcohol Use?			
Identified Issues with aggression (physical / verbal)?			
Criminal Convictions?			
Identified risk to children?			
Custodial Sentence / s?			
Physical Illness / Medication?			
Anxiety / Depression?			

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	No Problem	Past but significant	Present (include any medications, current treatments, probation details etc)
Self Harm?			
Suicide Attempts?			
Eating Disorders?			
Mental health issues / assessments / Sectioned under MHA			
Relationship difficulties?			
Housing Issues?			
Any other support needs?			

This form is to the best of my knowledge true and accurate.

Client Signature: ……..

Project Worker: …… **Date**: ……