Metropolitan referral unit - mental health risk assessment



PATIENT INFO Sticker/MR10/UR No:			
Surname:Firs			
Address:			
Suburb:		Post code:	
Date of assessment:Tim	e of assess	nent: (hours)	
other potential hazards that can be recognized by relevant factors to the risk assessment, including r	the assess		
Risk of harm to self: (If a patient is expressing suicidal ideas and has a with intent, they are considered high risk.)		Risk of harm to others: (If a patient is expressing intent to harm others and has access to means, they are considered high risk)	√
0. None: no thoughts or actions of harm, no hist of suicide/self harm, no self neglect	tory	0. None: no thoughts or intent/plan of harm, no history of violence, judgment intact	
1. Low: fleeting suicidal thoughts but NO plans/ii or current low alcohol or drug use, history of s harm, self-care mildly impaired	elf	Low: brief harm to others/thoughts but NO plans/ current low alcohol or drug use, history of violence/ assault	
2. Moderate: current thoughts/multiple stressors actions without intent or plans/moderate drug alcohol use, moderately impaired self-care		2. Moderate: current thoughts/past actions without intent or plans/moderate drug or alcohol use, history of violence/assault/forensic, some impaired judgment	
 High: current thoughts with intent and plan, p and recent impulsivity/some plans but not well established/increased use of drugs and/or alcol very poor self-care Extreme: current thoughts with intent and plan 	hol,	3. High: current thoughts with intent and plan, past and recent impulsivity/some plans but not well established/increased use of drugs and/or alcohol, very poor judgment, history of violence/assault/ forensic	
past history of attempt/high drug or alcohol us unstable mental state, extreme self-neglect Details :		4. Extreme: current thoughts with intent and plan/ past history of attempt/high drug or alcohol use/ unstable mental state, history of violence/assault/ forensic)	
		Details:	
Level of impaired functioning:	√	Level of support currently available:	
 0. None/mild: no more than everyday problems/slight impairment when distressed 1. Moderate: Moderate difficulty in ONE area of control or occupational functioning 		0. Highly supportive: extensive supports currently available from family/professionals 1. Moderately supportive: variety of supports varietyle, able to help in time of people.	
 social or occupational functioning Significant: significant difficulty in ONE area of social or occupational functioning 		available, able to help in time of need 2. Limited support: few sources of help, supports have incomplete ability to participate in treatment	
3. Significant: significant difficulty in SEVERAL areas of social/occupational function4. Extreme: inability to function in all areas		3. Minimal support: few sources of support, poor motivation	
Details:		4. No support: no supports in all areas or patient unwilling/unable to accept supports	
		Details:	

History of response to treatment:	✓	Attitude to and engagement with treatment:	\checkmark
None: no problem, good response to treatment, new client with no past treatment)		No problem: very constructive, has agreed to illness and treatment needed	
Moderate: good response to some treatment but only partial response to others		Moderate: inconsistent or ambivalent engagement to treatment	
2. Inadequate: partial response only to all treatment		2. Poor: patient does not accept illness and requires	
3. Minimal: partial response to only some treatments		encouragement to accept treatment	
with no response to others 4. None: no response to any treatment or intervention		3. Minimal : patient can not be persuaded to accept voluntary treatment	
Details:		4. None: patient is hostile to and actively resists	
Details.		treatment	
		Details:	
Overall level of risk assessment:			
None: Low:		Medium: High:	
Notice.		Medium. nign.	
Mandatory reporting			
1. Children under age of 18 or other dependents in ho	me.	Yes	
(If yes, names and ages of children/dependents and v			Ш
2. Child Protection Act – FAYS:		Voc □ No	
2. Child Protection Act – PATS.		Yes No	Ш
3. Weapons/firearms in home:		Yes No	
Referrer's signature:		Position:	
Contact details:		Date and time faxed:	

Metropolitan Referral Unit Telephone: 1300 110 600 Fax: 1300 546 104