



PATIENT INFO Sticker/MR10/UR No: \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Date of assessment: \_\_\_\_\_ Time of assessment: \_\_\_\_\_ (hours)

This assessment will form the basis of an overall representation of the patient's safety, including current risk to self and or others, and other potential hazards that can be recognized by the assessor or referrer. Clinical experience and judgment will lead assessor to add relevant factors to the risk assessment, including medical conditions, level of supports etc.

Please tick each relevant section:

<b>Risk of harm to self:</b> (If a patient is expressing suicidal ideas and has a plan with intent, they are considered high risk.)	✓
<b>0. None:</b> no thoughts or actions of harm, no history of suicide/self harm, no self neglect	
<b>1. Low:</b> fleeting suicidal thoughts but NO plans/intent or current low alcohol or drug use, history of self harm, self-care mildly impaired	
<b>2. Moderate:</b> current thoughts/multiple stressors/past actions without intent or plans/moderate drug or alcohol use, moderately impaired self-care	
<b>3. High:</b> 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 self-care	
<b>4. Extreme:</b> current thoughts with intent and plan/past history of attempt/high drug or alcohol use/unstable mental state, extreme self-neglect	
<b>Details:</b> ..... ..... .....	

<b>Risk of harm to others:</b> (If a patient is expressing intent to harm others and has access to means, they are considered high risk)	✓
<b>0. None:</b> no thoughts or intent/plan of harm, no history of violence, judgment intact	
<b>1. Low:</b> brief harm to others/thoughts but NO plans/current low alcohol or drug use, history of violence/assault	
<b>2. Moderate:</b> current thoughts/past actions without intent or plans/moderate drug or alcohol use, history of violence/assault/forensic, some impaired judgment	
<b>3. High:</b> 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	
<b>4. Extreme:</b> current thoughts with intent and plan/past history of attempt/high drug or alcohol use/unstable mental state, history of violence/assault/forensic)	
<b>Details:</b> ..... ..... .....	

<b>Level of impaired functioning:</b>	✓
<b>0. None/mild:</b> no more than everyday problems/slight impairment when distressed	
<b>1. Moderate:</b> Moderate difficulty in ONE area of social or occupational functioning	
<b>2. Significant:</b> significant difficulty in ONE area of social or occupational functioning	
<b>3. Significant:</b> significant difficulty in SEVERAL areas of social/occupational function	
<b>4. Extreme:</b> inability to function in all areas	
<b>Details:</b> ..... ..... .....	

<b>Level of support currently available:</b>	✓
<b>0. Highly supportive:</b> extensive supports currently available from family/professionals	
<b>1. Moderately supportive:</b> variety of supports available, able to help in time of need	
<b>2. Limited support:</b> few sources of help, supports have incomplete ability to participate in treatment	
<b>3. Minimal support:</b> few sources of support, poor motivation	
<b>4. No support:</b> no supports in all areas or patient unwilling/unable to accept supports	
<b>Details:</b> ..... ..... .....	

