

ROOT & BRANCH : RISK ASSESSMENT DOCUMENTATION (private and confidential)
Please continue overleaf, or on another sheet if necessary

Name _____

DOB _____

RISK HISTORY (including dates & brief details of key events/outcomes)

RISK ASSESSMENT :

VIOLENCE & AGGRESSION	YES/NO
RISK TO CHILDREN & YOUNG ADULTS	YES/NO
SUICIDE & SELF HARM	YES/NO
SEVERE SELF-NEGLECT	YES/NO
EXPLOITATION	YES/NO
OTHER (please specify)	YES/NO

**CURRENT FACTORS WHICH SUGGESTS THERE IS SIGNIFICANT APPARENT RISK
(including documentation of any suicide plans)**

CLEAR STATEMENT OF ANTICIPATED RISK

CONTINGENCY & RELAPSE MANAGEMENT PLAN

Date completed _____

Name _____

Position _____

Signature _____