

# Risk Assessment Guide

Client: \_\_\_\_\_

RISK ASSESSMENT GUIDE

ACTION OR INTENTION	ACTION PLAN
<p><b>Has the client taken action to harm themselves or others?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → <b>Implement Emergency procedures</b></p> <p>↓</p> <p><b>Do they have a specific plan?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the client intend on harming self or others or ideation only? (Please circle)            Self / Others / Ideation only / Thoughts about possible methods / or</p> <p>Specific method identified: _____</p> <p>How immediate are their plans? <b>Immediate</b> / Next 24hrs / Week / Nonspecific / Other</p> <p>How lethal are their plans? _____</p> <p>Have access to means? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
BACKGROUND	ACTION PLAN
<p><b>Has the client engaged in risk-taking/suicidal behaviour previously?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Eg: Type of behaviour / When did it first occur? / In what circumstances? – please detail:</p> <p>_____</p> <p>How frequently? _____ Last episode occurred? _____</p> <p>What was the outcome? _____</p> <p>Prior Diagnosis / Psychiatric Episode? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
CURRENT STRESSORS	ACTION PLAN
<p><b>Are there current stressors affecting the client?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please circle)</p> <p>Relationship breakup / Family Conflict / Disability or Illness / Abuse or DV / Injury or Accident / Assault / Job Loss / Unemployment / Loss or Grief</p> <p>Other _____</p>	
DISTRESS LEVEL	ACTION PLAN
<p><b>Is client significantly distressed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please circle)</p> <p>Emotional: Mood swings / Anger / Alienation / Numbness / Anxiety / Deep sadness /</p> <p>Other _____</p> <p>Thoughts: Irrational / Narrow / Extreme / Slowed / Global / Incoherent /</p> <p>Other _____</p> <p>Physical: Lethargy / Panic / Disturbed sleep / Other _____</p> <p>Behavioural: Withdrawal / Crying / Aggression / Erratic / Other _____</p>	
EXTERNAL / INTERNAL RESOURCES	ACTION PLAN
<p><b>External:</b> Are there any external supports available? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please circle)</p> <p>Family members / GP / Friends / Colleagues / Partner / Mental Health Worker / Service /</p> <p>Other _____</p> <p>Anyone present / contactable? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p><b>Internal:</b> Does the client have coping strategies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Strengths / Coping mechanisms: _____</p> <p>Strategies used/Crises managed: _____</p> <p>Connections that give client a sense of meaning or belonging: _____</p> <p>Reasons client identifies for living: _____</p>	
<p><b>RISK OF SUICIDE ATTEMPT</b> (count the number of BLUE boxes ticked)</p> <p><input type="checkbox"/> <b>Low</b> (0-1)      <input type="checkbox"/> <b>Moderate</b> (2-3)      <input type="checkbox"/> <b>High</b> (4-6)      <input type="checkbox"/> <b>Emergency</b> (4-6) + <b>Immediate Plan</b></p>	