**Client Risk Management Assessment**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Health and Wellness Risk Factors** |
| **Assessment Categories** | **Risk Level** |
| **Health and Wellness** | **No** **Risk** | **Low** **Risk** | **Medium** **Risk** | **High** **Risk** |
| Weight |  |  |  |  |
| Diabetes |  |  |  |  |
| Hypertension |  |  |  |  |
| Osteoporosis  |  |  |  |  |
| Dietary  |  |  |  |  |
| Heart Condition  |  |  |  |  |
| Stroke |  |  |  |  |
| Seizures (frequency) |  |  |  |  |
| Swallowing/Choking |  |  |  |  |
| Ambulation/balance/mobility |  |  |  |  |
| History of falls |  |  |  |  |
| Skin Integrity |  |  |  |  |
| Sleep  |  |  |  |  |
| Bladder/Bowel |  |  |  |  |
| Vision |  |  |  |  |
| Hearing |  |  |  |  |
| **Medication**  | **No** **Risk** | **Low** **Risk** | **Medium** **Risk** | **High** **Risk** |
| Compliant w/medication |  |  |  |  |
| More than # of psychotropic medication  |  |  |  |  |
| Reviewed periodically/consistent with diagnosis |  |  |  |  |
| Multiple medication changes w/in 12 months |  |  |  |  |
| Emergency medication use |  |  |  |  |
| **Mental Health** | **No** **Risk** | **Low** **Risk** | **Medium** **Risk** | **High** **Risk** |
| Capacity/Cognition  |  |  |  |  |
| Diagnosed: Depression, Schizophrenia, Bi-Polar |  |  |  |  |
| Dementia |  |  |  |  |
| Psychiatric Hospitalization (51/50) |  |  |  |  |
| Suicide attempts  |  |  |  |  |
| Talks about hurting self |  |  |  |  |
| Talks about hurting others |  |  |  |  |
| **Behavioral Health** | **No** **Risk** | **Low** **Risk** | **Medium** **Risk** | **High** **Risk** |
| Aggression |  |  |  |  |
| Self-injurious behaviors |  |  |  |  |
| Elopement |  |  |  |  |
| Substance Abuse |  |  |  |  |
| Quality of Behavior Plan |  |  |  |  |
| Law Breaking behavior |  |  |  |  |
| Unsafe/criminal sexual behavior |  |  |  |  |
| Forensic – open case |  |  |  |  |
| **Community Safety** | **No** | **Yes** | **With Assistance** |
| Able to access the community safely (understands pedestrian street signs and rules) |  |  |  |
| Able to make emergency calls |  |  |  |
| Able to take public transportation |  |  |  |
|  |  |  |  |
| **Resources** | **No** | **Yes** | **Comment** |
| Medical Insurance |  |  |  |
| PCP |  |  |  |
| Psychiatrist/Therapist |  |  |  |
| Family Support |  |  |  |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer Date