

**CARASTON HALL
RISK ASSESSMENT FOR CLIENTS**

NAME:

DATE OF BIRTH:

REVIEW DATE:

RISK OF VIOLENCE/AGRESSION TO OTHERS	YES	NO	DON'T KNOW
Has been in a low or medium secure unit psychiatric or prison			
Any convictions for violence or aggression			
Are there any known triggers to violent/aggressive behaviour			
Is there a history of assault or harm to others			
Known to carry any weapons			
Use of weapons in assaulting others			
Harm to others only when provoked or attacked in self defence			
Evidence of demonstrating impulsive behaviour which is frightening to others			
Threatened physical harm to others			
Evidence of sexually inappropriate behaviour			
Use of recreational drugs			
Previously used recreational drugs			
Use of alcohol to excess			
Evidence of increased risks when under the influence of drugs			
Evidence of increased risk when under the influence of alcohol			
Convictions for arson			
Convictions for criminal damage			
SUICIDE RISK	YES	NO	DON'T KNOW
Has the person made previous attempts on their life			
Was there a violent method used i.e. jumping, shooting or hanging			
Use of excessive alcohol when attempt made on their life			
Excessive use of drugs when attempt made on their life			
Expressing suicidal thoughts			
Planned how they would attempt to kill themselves			
Expressed a high level of distress			
History of Self Harm			
How was self harm carried out:			
Do you feel anything has changed since the last attempt			

RISK OF NEGLECT (by self or others)	YES	NO	DON'T KNOW
Failing to drink fluids appropriately			
Failing to eat appropriately			
Unable to manage physical health problems			
Accidental injury due to poor/restricted physical mobility			
Have debts that has a significant effect on their life			
Experience financial difficulties – budgeting, purchasing of food etc.			
Unable to appropriately communicate needs			
Unable to manage personal hygiene			
Suffering from social isolation			
Pressure of eviction by non compliance with the house rules/licence			
Lack of awareness of health and safety of self and others			
ABUSE BY OTHERS	YES	NO	DON'T KNOW
Are there any areas of concern which suggest service user is at risk of being abused or information provided or available stating this			
Emotional Abuse			
Neglect imposed by others			
Financial Abuse			
Physical Abuse			
Discriminatory Abuse			
Sexual Abuse			

Please explain and write further information regarding identified risks mention in this assessment including diagnosis and history

Risk Management Plan (Please describe below what measures are taken/planned to risk manage)

RISK ASSESSMENT COMPLETED BY:.....

SIGNATURE:.....DATE:.....

CLIENT SIGNATURE:.....

DATE:.....