

RISK ASSESSMENT**- INITIAL INFORMATION**

None

Mild

Moderate

Severe

Please give details (if known)

 Agency _____
 Agency _____
 Agency _____
 Agency _____

 Contact _____
 Contact _____
 Contact _____
 Contact _____

 Tel : _____
 Tel : _____
 Tel: _____
 Tel: _____
Do you have a history of attempted suicide?
 PAST None Mild Moderate Severe
 CURRENT None Mild Moderate Severe
Plan Yes no

Comment/Risks

Do you have a history of self-harm?
 PAST None Mild Moderate Severe
 CURRENT None Mild Moderate Severe

Comment

Do you have a history of violence or aggression?
 PAST None Mild Moderate Severe
 CURRENT None Mild Moderate Severe

Comment

Do you have a history of offending/pending court cases?
 PAST None Mild Moderate Severe
 CURRENT None Mild Moderate Severe

Comment

Do you have a history of drug or alcohol abuse?
 PAST None Mild Moderate Severe
 CURRENT None Mild Moderate Severe

Comment

Do you live alone? Please give detailsYes No

e.g. with partner, parents/guardian, relatives/friends, homeless

Do you have children at home?Yes No

Please give details

Do you have any medical/health conditions?Yes No

Please give details

Emergency Contact Person (if appropriate): _____ **Relationship** _____**Address:** _____ **Post Code:** _____**Tel No:** _____ **Mobile No:** _____**ETHNICITY** White Black Asian Mixed Other _____**Signature:** _____ **Date:** _____

For Office Use

DATE RECEIVED _____

APPOINTMENT DETAILS

DAY AND DATE _____**FUNDING SOURCE** _____**TIME** _____**SERVICE USER CODE** _____**VENUE** _____

(office staff to complete this)

STAFF/VOL NAME _____

Renfrewshire Association for Mental Health (RAMH) operates a confidential and secure service and is registered under the Data Protection Act. We may use written records to enhance the service we provide. Some of the information you provide may be processed by computer. You may have access to information you provide in accordance with Data Protection and Access to Personal Files legislation and RAMH Code of Confidentiality.

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