



SURNAME:	UMRN:	SEX:
FORENAMES:	BIRTHDATE:	
PATIENT'S ADDRESS:		

BRIEF RISK ASSESSMENT

SOURCE OF INFORMATION	<input type="checkbox"/> The consumer	<input type="checkbox"/> Immediate carer (parent, spouse, child)
<input type="checkbox"/> Other informants (family, friends)	<input type="checkbox"/> Previous clinical records	<input type="checkbox"/> Assessing clinician's knowledge of consumer's past behaviour/current clinical presentation
<input type="checkbox"/> Police/ambulance/other agencies	<input type="checkbox"/> Other (please specify) _____	

SUICIDALITY	Yes (1)	No (0)	Not Known	Dynamic (current) risk factor	Yes (2)	No (0)	Not Known
Static (historical) factors							
Previous attempt(s) on own life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing suicidal ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous serious attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has plan/intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expresses high level of distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major psychiatric diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness/perceived loss of coping or control over life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major physical disability/illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent significant life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated/Widowed/Divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job/retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROTECTIVE FACTORS (describe) :

LEVEL OF SUICIDE RISK (total score): **LOW (<7)** **MODERATE (7-14)** **HIGH (>14)**

AGGRESSION/VIOLENCE	Yes (1)	No (0)	Not Known	Dynamic (current) risk factor	Yes (1)	No (0)	Not Known
Static (historical) factors							
Recent incidents of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous use of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to available means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 35 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent command hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger, frustration or agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous dangerous acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with violent ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduced ability to control self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug/alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current misuse of drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROTECTIVE FACTORS (describe) :

LEVEL OF VIOLENCE RISK (total score): **LOW (<7)** **MODERATE (7-14)** **HIGH (>14)**

OTHER RISKS IDENTIFIED (AND RISK FACTORS)

RISK MANAGEMENT ISSUES (please ensure alerts are noted here)

(To be completed by assessing clinician)

PRINT NAME: _____ **DESIGNATION:** _____ **SIGNATURE:** _____ **DATE:** _____

(Where appropriate, management plan to be acknowledged by requesting medical practitioner)

PRINT NAME: _____ **DESIGNATION:** _____ **SIGNATURE:** _____ **DATE:** _____

COMPLETE AND ATTACH THE CLINICAL RISK MANAGEMENT PLAN

Adapted from West Moreton Health Service, Fremantle Hospital and Health Service, Inner City Mental Health Service, and South Metropolitan Mental Health Service.