Client Risk Assessment Form - sample

Before accepting a new client a risk assessment should be completed. Assessing risk is based on three things:

- **Is the request beyond the capacity of the Good Neighbours group eg being asked to provide personal care?**
- **Can the Good Neighbours group meet the potential client's needs?**
- **Are there any risks to volunteers by helping this client?**

When a new client is interviewed for the first time, particular questions will help to assess their needs. Essential questions are marked in bold below. The interview can be carried out over the telephone or ideally in person. You should explain that this is necessary for all new clients.

Name……**Known as**……

Date of Birth/age……..

Address……

……

Email…….

Telephone Number……

Emergency Contact Name and Number…….....

GP Name and Address……

……

Do you need assistance with walking? Yes ☐ No ☐

If yes, do you use a walking aid?.....

Do you need assistance to get in or out of the car? Yes ☐ No ☐

Do you need to sit in the front seat of the car? Yes ☐ No ☐

Do you use a wheelchair? Yes ☐ No ☐

If yes, does it fold easily?……

Do you have a blue badge? Yes ☐ No ☐

Do you have any health problems that we should be aware of, for example in relation to seeing, speaking, hearing or memory?

...……..……

Do you have any specific medical condition that we might need to be aware of (eg diabetes)?

……..……

Do you have any other special needs?.....

Do you need a carer/relative/friend to accompany you? Yes ☐ No ☐

If yes does the carer/relative/friend have any special requirements, for example wheelchair user?

……..…….....

Any further information (please list anything that will assist us to help you).

……..……

……..……

……..……

……..……

Information collected by (please print)……..

Signed…… Date ……

Please Note

This information is strictly confidential and we will keep this information safe and locked away.

Does the client give their permission for this information to be kept?

Yes ☐ No ☐

Client's consent

I give my permission for all the above information to be held by the group manually and electronically. I understand that it will only be used for the purpose for which it is intended.

Signed……

Date……