



**INITIAL SERVICE USER
RISK ASSESSMENT**
Wyndham Road
See Section Policy & Procedures

Name:	SP Number:	Date:
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1. RISK ASSESSMENT HISTORY: HISTORY OF: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Violence</td><td style="width: 20%; text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Suicide Attempts</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Self Harm</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Arson</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sexual Offences</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Incident Involving</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>The police</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Mental Health</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Behaviour</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Recently left hospital</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Abandonment</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>OTHER please state</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Violence	<input type="checkbox"/>	Suicide Attempts	<input type="checkbox"/>	Self Harm	<input type="checkbox"/>	Arson	<input type="checkbox"/>	Sexual Offences	<input type="checkbox"/>	Incident Involving	<input type="checkbox"/>	The police	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>	Recently left hospital	<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	OTHER please state	<input type="checkbox"/>		<input type="checkbox"/>	2. RISK BEHAVIOUR: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Accidental Harm</td><td style="width: 20%; text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Alcohol</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Drug use</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Overdose</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Non compliance with</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Medication</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Self Neglect</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Inappropriate Sexual Behaviour</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Violence towards Staff or Public</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Violence towards other service users</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>OTHER please state</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>OTHER please state</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Accidental Harm	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Drug use	<input type="checkbox"/>	Overdose	<input type="checkbox"/>	Non compliance with	<input type="checkbox"/>	Medication	<input type="checkbox"/>	Self Neglect	<input type="checkbox"/>	Inappropriate Sexual Behaviour	<input type="checkbox"/>	Violence towards Staff or Public	<input type="checkbox"/>	Violence towards other service users	<input type="checkbox"/>	OTHER please state	<input type="checkbox"/>	OTHER please state	<input type="checkbox"/>		<input type="checkbox"/>
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3. Are there currently any concerns to indicate immediate risk to self or others? Please give details.

4. Are there any concerns about potential risks? Please give details

5. Are you lacking information/unable to access for other reasons any follow up action required? Please give details.

Name person completing assessment:	
Signed:	Date:
Print Name	



SERVICE USERS RISK ASSESSMENT

Name:	SP Number:	S.W. Name:
Date:	Discussed with:	
1. BEHAVIOUR e.g. violence, self-harm, harassment, 'accidental' dangerous behaviour linked to substance misuse, annoying behaviour likely to provoke attack etc.		
Who is at risk?		Risk Rating H/M/L
At risk of what?		Risk Calculation
Why?		
<u>How serious it could be.</u> 1 = A Scratch 4 = Time off work needed 2 = Minor Injury 5 = Death 3 = More serious		<u>How likely it is</u> 1 = Unlikely 4= Very Likely one 2 = May happen 5. Very lily to happen soon 3 = Likely to happen one day
What can be done to lesson the risk? Service users comments		Total score
2. PHYSICAL HEALTH e.g. risks associated with mobility, weight, personal hygiene, substance misuse.		
Who is at risk?		Risk Rating H/M/L
At risk of what?		Risk Calculation
Why?		
<u>How serious it could be.</u> 1 = A Scratch 4 = Time off work needed 2 = Minor Injury 5 = Death 3 = More serious		<u>How likely it is</u> 1 = Unlikely 4= Very Likely one 2 = May happen 5. Very lily to happen soon 3 = Likely to happen one day

What can be done to lesson the risk? Service users comments:	Total score
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3. MENTAL HEALTH e.g. risks with medication, or other issues linked to mental health not already stated.

Who is at risk? At risk of what? Why?	Risk Rating H/M/L
	Risk Calculation

<u>How serious it could be.</u> 1 = A Scratch 4 = Time off work needed 2 = Minor Injury 5 = Death 3 = More serious	<u>How likely it is</u> 1 = Unlikely 4= Very Likely one 2 = May happen 5. Very lily to happen soon 3 = Likely to happen one day
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What can be done to lesson the risk? Service user comments	Total score
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4. MANAGEMENT OF ACCOMMODATION e.g. use of appliances, hoarding, other fire risks

Who is at risk? At risk of what? Why?	Risk Rating H/M/L
	Risk Calculation

<u>How serious it could be.</u> 1 = A Scratch 4 = Time off work needed 2 = Minor Injury 5 = Death 3 = More serious	<u>How likely it is</u> 1 = Unlikely 4= Very Likely one 2 = May happen 5. Very lily to happen soon 3 = Likely to happen one day
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What can be done to lesson the risk?	Total score
Service user comments	

5. RISK TO SELF

Who is at risk?	Risk Rating H/M/L
At risk of what?	
Why?	
Risk Calculation	

<u>How serious it could be.</u> 1 = A Scratch 4 = Time off work needed 2 = Minor Injury 5 = Death 3 = More serious	<u>How likely it is</u> 1 = Unlikely 4= Very Likely one 2 = May happen 5. Very lily to happen soon 3 = Likely to happen one day
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What can be done to lesson the risk?	Total score
Service user comments	

6. RISK TO OTHERS

Who is at risk?	Risk Rating H/M/L
At risk of what?	
Why?	
Risk Calculation	

<u>How serious it could be.</u> 1 = A Scratch 4 = Time off work needed 2 = Minor Injury 5 = Death 3 = More serious	<u>How likely it is</u> 1 = Unlikely 4= Very Likely one 2 = May happen 5. Very lily to happen soon 3 = Likely to happen one day
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What can be done to lesson the risk?	Total score
Service user comments	

7. ANY OTHER FACTORS OR ACTION REQUIRED e.g. are there any external people who need to be informed of any risk factors?

Completed by:

Print name:

Date:

Signed by service user:

Print Name:

Date: