Children's Health Ireland at Crumlin

Brief Risk Indicator Checklist

Patient Name:		**DOB:**	
Name of Assessor:		**Date of Assessment:**	

CURRENT RISK BEHAVIOUR		RISK ASSESSMENT HISTORY
Self-Harm		**History of Severe Neglect (ever)**
Act with suicide intent *(e.g overdose)*	**Yes** □ **No** □	**Yes** □ **No** □
Suicidal ideation	**Yes** □ **No** □	
Self-Injury	**Yes** □ **No** □	
Self-Neglect		**History of Harm from other (ever)**
Self-Neglect *(e.g. nutrition, hygiene, health)*	**Yes** □ **No** □	**Yes** □ **No** □
Refusal of Services	**Yes** □ **No** □	
Risks of losing essential services	**Yes** □ **No** □	
Risk of eviction	**Yes** □ **No** □	
Risk from environment	**Yes** □ **No** □	
Discontinuation of medication	**Yes** □ **No** □	
Harm from Others		**History of Violence (ever)**
Risk of Neglect	**Yes** □ **No** □	None **Yes** □ **No** □
Risk of Physical abuse	**Yes** □ **No** □	
Risk of sexual abuse	**Yes** □ **No** □	One incident **Yes** □ **No** □
Risk of financial abuse	**Yes** □ **No** □	
Risk of emotional/psychological physical abuse	**Yes** □ **No** □	More than Incident **Yes** □ **No** □
Risk of over medication	**Yes** □ **No** □	
Risk of unlawful restrictions e.g. locks on doors, physical restraints	**Yes** □ **No** □	
Harm to Others		**History of Risk to Child (ever)**
Sexual Assault including touching /exposing	**Yes** □ **No** □	**Yes** □ **No** □
Risk to Staff	**Yes** □ **No** □	
Violence to family	**Yes** □ **No** □	
Violence to other patients	**Yes** □ **No** □	
Violence to general public	**Yes** □ **No** □	
Arson	**Yes** □ **No** □	
History of Suicide Attempts (ever)		**History of Containment (ever)**
One	**Yes** □ **No** □	**Yes** □ **No** □
Two	**Yes** □ **No** □	
Three	**Yes** □ **No** □	
More than three	**Yes** □ **No** □	
Other		**History of Unplanned Cessation of contact with services**
Substance Abuse *e.g. Alcohol/Drug Abuse*	**Yes** □ **No** □	**Yes** □ **No** □
Incidents involving the police	**Yes** □ **No** □	
Absconding	**Yes** □ **No** □	
Accidental harm at home e.g. falling,	**Yes** □ **No** □	
Accidental harm outside the home e.g. wandering	**Yes** □ **No** □	
Dealing with Hazards	**Yes** □ **No** □	
Other (please specify)	**Yes** □ **No** □	
Awareness of Risk		**Forensic History**
Is this person aware of possible risk?	**Yes** □ **No** □	**Yes** □ **No** □
Would they be able to summon help?	**Yes** □ **No** □	

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CURRENT MENTAL STATE	
Are there any active symptoms, which indicate risk of harm to self or others?	**Yes** □ **No** □
Diagnosis *(if known)*	

Please provide additional information and complete separate Indicated Risk Plan if any risk behaviours are identified

Additional Information:

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Signature of Assessor:

Position: **Date:**