



## HIGH RISK ASSESSMENT (HRA)

### TARASOFF ASSESSMENT:

**Current Violent Impulses and/or Homicidal ideation toward a reasonably identified victim?**

No     Yes     Refuse/Cannot Assess

Tarasoff Warning Indicated?

No     Yes

*If yes, include victim(s) name and contact information (Tarasoff Warning Details):*

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Reported To: \_\_\_\_\_

Date: \_\_\_\_\_

**CURRENT DOMESTIC VIOLENCE?**

No     Yes     Refuse/Cannot Assess

*If yes, detailed documentation and child/adult protective services question mandatory. Describe situation:*

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Child/Adult Protective Services Notification Indicated?

No     Yes

Reported To: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Staff or Clinician Requiring Co-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Staff or Clinician Completing/Accepting Assessment: \_\_\_\_\_ Date: \_\_\_\_\_