

Risk Assessment

Client Name		Client ID	
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Effective Date		Author	
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Risk Assessment

Suicidality / Other Risk to Self

Current Suicidality / Risk to Self

If above box is checked, one of the following was completed:

CSSRS Lifetime - Adult CSSRS Lifetime - Child

Previous Attempts / History

No Current or Previous History of Suicidality / Other Risk to Self

Details (list current and previous behaviors, dates, and lethality)

Physical / Sexual Aggression / Other Risk Factors

Current Physical Aggression / Sexual Aggression / Risk to Others

Prior Physical / Sexual Aggression / Risk to Others

Homicidal

No Current or Previous History of Physical Aggression / Sexual Aggression/ Risk to Others

Details (list current and previous behaviors, dates, and lethality)

Other Risk Factors

No Known Other Risk Factors

Risk Factors (list from global codes/table here)

Describe Risk Factors

Advance Directive

Does client have an Advance Directive? Yes No

Does client desire an Advance Directive plan? Yes No

Would client like more information about Advance Directive planning? Yes No

What information was the client given regarding Advance Directive?

Program Name			
Signature		Date	
Printed Name & Credentials			

Co-Signature		Date	
Printed Name & Credentials			