

HIGH RISK ASSESSMENT (HRA)

CLIENT NAME: _____ CLIENT ID#: _____ DATE: _____

ASSESSMENT OF IMMEDIATE RISK FACTORS: Any “yes” response triggers enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. For all unlicensed staff, documentation of a consultation is required. For trainees specifically, review with supervisor is required prior to end of session.

Direct (past 2 weeks) discharge from 24 hour program *due to suicidal or homicidal crisis* (hospital, IMD, START, residential treatment, etc.) No Yes Refuse/Cannot Assess

Current serious thoughts/impulses of hurting/killing self or others:
Note if access to fire arms (guns) or other lethal means: No Yes Refuse/Cannot Assess

Pre-death behavior/committed to dying (e.g. giving away possessions) and/or current hopelessness/sees no options No Yes Refuse/Cannot Assess

Preoccupied with incapacitating or life threatening illness and/or chronic intractable pain and/or catastrophic social loss No Yes Refuse/Cannot Assess

Current command hallucinations, intense paranoid delusions and/or command override symptoms (belief that others control thoughts/actions) No Yes Refuse/Cannot Assess

Current behavioral dyscontrol with intense anger/humiliation, recklessness, risk taking, self-injury and/or physical aggression and violence No Yes Refuse/Cannot Assess

Additional Youth Risk Factors:

Current extreme social alienation, isolation and/or victim of bullying No Yes Refuse/Cannot Assess

PROTECTIVE FACTORS: (strong religious, cultural, or inherent values against harming self/others, strong social support system, positive planning for future, engagement in treatment, valued care giving role (people or pets) and strong attachment/responsibility to others.)

SELF-INJURY/SUICIDE/VIOLENCE MANAGEMENT PLAN: (Document enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. For all unlicensed staff, documentation of a consultation is required. For trainees specifically, review with supervisor is required prior to end of session.)

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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):

Reported To: _____

Date: _____

CURRENT DOMESTIC VIOLENCE?

No Yes Refuse/Cannot Assess

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

Child/Adult Protective Services Notification Indicated?

No Yes

Reported To: _____

Date: _____

Printed Name of *LPHA	Signature of *LPHA	Signature Date

*Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.