

High Risk Index (HRI)

REQUIRED FORM:

This form is an optional document in the client file

WHEN:

Completed at assessment or anytime thereafter as clinically indicated. It is strongly encouraged to use this form as a supplemental tool when a client is found to be at high risk.

COMPLETED BY:

Authorized agency representative with client

REQUIRED ELEMENTS:

Client Name: Complete the client's full name

Case Number: Complete the client's file ID number

This form is completed to determine persistent risk level (e.g. mild, moderate, severe) apart from immediate risk indicators: * Indicates a particularly SEVERE RISK FACTOR

- **Demographic and historical factors:** Document the client's response by checking the boxes marked yes, no, or refuse/cannot assess
- **Comments:** Document comments that are pertinent to this section.
- **Trauma exposure and/or major life stress:** Document the client's response by checking the boxes marked yes, no, or refuse/cannot assess
- **Comments:** Document comments that are pertinent to this section.
- **Clinical and/or social history:** Document the client's response by checking the boxes marked yes, no, or refuse/cannot assess
- **Comments:** Document comments that are pertinent to this section.
- **High risk behaviors:** Document the client's response by checking the boxes marked yes, no, or refuse/cannot assess
- **Comments:** Document comments that are pertinent to this section.
- **Protective Factors:** Document the client's response by checking the boxes marked yes, no, or refuse/cannot assess
- **Comments:** Document comments that are pertinent to this section.
- **Persistent risk level based upon comprehensive review of high risk index and protective factors:** Document the appropriate box based on review marked low, medium, or high
- **Comments:** Document comments pertinent to this section.

- **Signature of Staff or Clinician Requiring Co-Signature:** Any unlicensed staff administering the HRI sign here and date.
- **Signature of Clinician Completing/Accepting Assessment:** Licensed staff member signs here upon completion of assessment. If unlicensed staff signed above, a licensed staff member must co-sign here.