

Risk Assessment

<b>Client Name</b>		<b>Client ID</b>	
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<b>Effective Date</b>		<b>Author</b>	
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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?

<b>Program Name</b>			
<b>Signature</b>		<b>Date</b>	
<b>Printed Name &amp; Credentials</b>			

<b>Co-Signature</b>		<b>Date</b>	
<b>Printed Name &amp; Credentials</b>			