

PATIENT'S NAME: Gomez, Jorge

☐ Completed on: _____

RISK ASSESSMENT AND MANAGEMENT PLAN

<p align="center">Risk Assessment</p> <p><input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.)</p> <p><input checked="" type="checkbox"/> Risks to Others (aggression / threats / intent / means /drug-alcohol / etc.)</p> <p><input type="checkbox"/> Risk Assoc with Clinical Sx (command hulluc / delusions / agitation / confusion)</p> <p><input type="checkbox"/> Risk Assoc with Behavior (impulsiveness / agitation / threats / elopement)</p> <p><input type="checkbox"/> Vulnerability (isolation / Exploitation / Self-Care deficits / Special Needs / Physical Problems)</p>	<p align="center">Level of Risk</p> <p><input type="checkbox"/> Level 1 (Per remote history, upon admission)</p> <p><input type="checkbox"/> Level 2 (Per recent history, less than 1 year or current mild risk)</p> <p><input checked="" type="checkbox"/> Level 3 (Current indicators suggests moderate risk)</p> <p><input type="checkbox"/> Level 4 (Current indicators suggest serious risk)</p> <p><input type="checkbox"/> Other: _____</p>
<p align="center">Description of Risk</p> <p>Consumer has h/o alcohol consumption . Recent report on 11/27/18 of the consumer being inebriated and smelling alcohol.</p>	<p align="center">Risk Management Plan</p> <p>IDT met and designed a Behavior Modification for the consumer resulting in: the consumer being restricted to the facility from 11/28/18 to Dec. 3, 2018; IDT to meet again on Dec. 3, along with the consumer, to review his progress or lack of progress regarding above issue; CM to meet 2/w or on prn basis, with consumer to discuss issues related to drinking alcohol while on medications; consumer is to write a five pages journal even in spanish, his original language, regarding benefits of being sober; consumer is to attend SA groups 2/w in the facility.</p>
<p>Mention any known triggers / stressors</p> 	
<p align="center">Level of Observations required</p> <p><input type="checkbox"/> Level 1 (No Special observation required)</p> <p><input checked="" type="checkbox"/> Level 2 (Every 30 minute checks)</p> <p><input type="checkbox"/> Level 3 (Every 15 minutes)</p> <p><input type="checkbox"/> Level 4 (Must be able to see the person at all times)</p> <p><input type="checkbox"/> Level 5 (Must be with the person - within arms length)</p> <p><input type="checkbox"/> Other: _____</p>	<p>STAFF or DEPARTMENT ASSIGNED: <u>Case Manager</u></p>

Signature of person completing form: _____ Marie Gelin _____ Date/Time 11/28/18

Risk Assessment recommended review date: 12/3/2018