

PATIENT'S NAME: _____

☐ **Completed on:** _____

RISK ASSESSMENT AND MANAGEMENT PLAN

<p align="center"><u>Risk Assessment</u></p> <p><input type="checkbox"/> Risk to Self (suicidal ideation / plan / means / etc.)</p> <p><input 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"><u>Level of Risk</u></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 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"><u>Description of Risk</u></p> <p>CCC</p>		<p align="center"><u>Risk Management Plan</u></p>	
<p>Mention any known triggers / stressors</p>			
<p align="center"><u>Level of Observations required</u></p> <p><input checked="" type="checkbox"/> Level 1 (No Special observation required)</p> <p><input 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: _____</p>	

Signature of person completing form: _____ Elaine Manning _____ Date/Time 11/08/18

Risk Assessment recommended review date: _____