Government of **Western Australia**
Department of **Health**
Mental Health

FAMILY NAME | MRN

GIVEN NAMES | ☐ MALE ☐ FEMALE

D.O.B. _____ / _____ / _____ | M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility: _____

Mental Health
RISK ASSESSMENT AND MANAGEMENT PLAN

GENERAL RISK FACTORS

Y=Yes, N=No, UK=Unknown

Background factors	Y	N	UK	Current factors	Y	N	UK
Major psychiatric illness	☐	☐	☐	Disorientation or disorganisation	☐	☐	☐
Diagnosed Personality Disorder	☐	☐	☐	Disinhibition/intrusive/impulsive behaviour	☐	☐	☐
Significant alcohol/drug abuse history	☐	☐	☐	Current intoxication/withdrawal	☐	☐	☐
Serious medical condition	☐	☐	☐	Significant physical pain	☐	☐	☐
Intellectual disability/cognitive deficits	☐	☐	☐	Emotional distress/agitation	☐	☐	☐
Significant behavioural disorder *(<18 years)*	☐	☐	☐	Other *(specify)* _____			
Childhood abuse/maladjustment	☐	☐	☐				
Other *(specify)*							

COMMENTS _____

SUICIDE

Background factors	Y	N	UK	Current factors	Y	N	UK
Previous suicide attempts	☐	☐	☐	Recent significant life events	☐	☐	☐
History of other self harm	☐	☐	☐	Hopelessness/despair	☐	☐	☐
Family history of suicide	☐	☐	☐	Expressing high levels of distress	☐	☐	☐
Separated/widowed/divorced	☐	☐	☐	Expressing suicidal ideas	☐	☐	☐
Isolation/lack of support/supervision	☐	☐	☐	Self-harming behaviour	☐	☐	☐
Other *(specify)* _____				Current plan/intent	☐	☐	☐
				Access to means	☐	☐	☐

COMMENTS _____

VIOLENCE/AGGRESSION

Background factors	Y	N	UK	Current factors	Y	N	UK
Previous incidents of violence	☐	☐	☐	Recent/current violence	☐	☐	☐
Previous use of weapons	☐	☐	☐	Command hallucinations	☐	☐	☐
Forensic history	☐	☐	☐	Violence restraining order	☐	☐	☐
Previous dangerous/violent ideation	☐	☐	☐	Paranoid ideation about others	☐	☐	☐
History of predatory behaviour	☐	☐	☐	Expressing intent to harm others	☐	☐	☐
Other *(specify)* _____				Anger, frustration or agitation	☐	☐	☐
				Reduced ability to control behaviour	☐	☐	☐
				Access to available means	☐	☐	☐
				Contact with vulnerable person/s	☐	☐	☐
				Other *(specify)*			

COMMENTS _____

Staff Name: Signature: Designation: Date:

BINDING MARGIN - NO WRITING

07/2014

SMHMR905 MENTAL HEALTH RISK ASSESSMENT AND MANAGEMENT PLAN

SMHMR905 HCMMHFMR0905 FOB BLACK, PMS 377 Green

Government of **Western Australia**
Department of **Health**
Mental Health

FAMILY NAME | MRN

GIVEN NAMES | ☐ MALE ☐ FEMALE

D.O.B. _____ / _____ / _____ | M.O.

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LOCATION

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Site _____

Mental Health
RISK ASSESSMENT AND MANAGEMENT PLAN

OTHER RISKS *e.g. absconding, physical sexual victimisation, financial, falls, accidents etc*

Background factors	Y	N	UK	Current factors	Y	N	UK
History of absconding	☐	☐	☐	Desire/intent to leave hospital	☐	☐	☐
History of physical/sexual victimisation	☐	☐	☐	Vulnerability to sexual exploitation/abuse	☐	☐	☐
History of financial vulnerability *(eg gambling)*	☐	☐	☐	Current delusional beliefs	☐	☐	☐
History of falls or other accidents	☐	☐	☐	Physical illness	☐	☐	☐
History of harm to children or dependents	☐	☐	☐	Parental/carer status or access to children	☐	☐	☐
History of exploitation	☐	☐	☐	Self neglect, poor self care etc	☐	☐	☐
History of neglect of a serious medical condition	☐	☐	☐	Non-adherence to medications/treatment	☐	☐	☐
History of non-adherence	☐	☐	☐	Impaired cognition/judgment/self-control	☐	☐	☐
Other *(specify)* _____				Driving	☐	☐	☐

COMMENTS _____

OVERVIEW / IMPRESSION

	Y	N
Is this person's level of risk highly changeable?	☐	☐
Are there factors that contribute to uncertainty regarding the level of risk?	☐	☐

PROTECTIVE FACTORS *(e.g. insightful, engaged with services)* _____

OVERALL ASSESSMENT OF RISK

	High	Med	Low
Suicide	☐	☐	☐
Self harm	☐	☐	☐
Violence/aggression	☐	☐	☐
Vulnerability	☐	☐	☐
Absconding	☐	☐	☐
Other *(specify)*	☐	☐	☐

COMMENTS _____

SPECIFIC RISK ISSUES TO BE ADDRESSED IN MANAGEMENT/CARE PLAN
(consider current/immediate and longer term risk)

Staff Name: Signature: Designation: Date:

BINDING MARGIN - NO WRITING

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