

# Sarah Agnes Foundation

## Clinical Risk Management Form

### AGENCY DETAILS

Agency Name:.....Contact name and role:.....

Phone:.....Date of referral:.....Email:.....

Address:.....

.....

Time assessment began:.....Time assessment ended.....

### CLIENT'S DETAILS

Client's name:.....Date of birth    /    /

Gender: Male  Female

Does the client consent to being referred?    Yes                      No

Reason for referral.....

| Risk Indicators                    |                                       |    |            |
|------------------------------------|---------------------------------------|----|------------|
| SUICIDE                            | (Place an X next to the given answer) |    |            |
| Previous attempts on their life    | Yes                                   | No | Don't know |
| Misuse of drugs and/or alcohol     | Yes                                   | No | Don't know |
| Major psychiatric diagnoses        | Yes                                   | No | Don't know |
| Expressing suicidal ideas          | Yes                                   | No | Don't know |
| Expressing high levels of distress | Yes                                   | No | Don't know |
| Family history of suicide          | Yes                                   | No | Don't know |
| Recent significant life events     | Yes                                   | No | Don't know |
| Comments.....                      |                                       |    |            |

**NEGLECT**  
(answer)

(Place an X next to the given

|                                     |     |    |            |
|-------------------------------------|-----|----|------------|
| Previous history of neglect         | Yes | No | Don't know |
| Failing to eat/drink properly       | Yes | No | Don't know |
| Difficulty managing physical health | Yes | No | Don't know |
| Pressure of eviction/repossession   | Yes | No | Don't know |
| Lack of positive social contacts    | Yes | No | Don't know |
| Experiencing financial difficulties | Yes | No | Don't know |
| Other                               | Yes | No | Don't know |

If you answered Yes please give a summary:

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**AGRESSION/VIOLENCE**  
(answer)

(Place an X next to the given

|  |     |    |
|--|-----|----|
| Previous incidents of violence<br>Unknown    | Yes | No |
| Misuse of drugs and/or alcohol<br>Unknown    | Yes | No |
| Known personal trigger factors<br>Unknown    | Yes | No |
| Expressing intent to harm others<br>Unknown  | Yes | No |
| Paranoid delusions/hallucinations<br>Unknown | Yes | No |
| Other.....<br>Unknown                        | Yes | No |
| Known to police<br>Unknown                   | Yes | No |
| Are they a risk to children?<br>Unknown      | Yes | No |

**HISTORICAL AND/ORCURRENT CONTEXT OF RISK FACTORS**

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