*A logo with hands holding a house

Description automatically generated*

Client Risk Assessment

**Resident Risk Assessment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Full Name:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Ethnicity:** |  | **Phone Number:** |  |
| **National Insurance Number:** |  | **Date Supported Living Required:** |  |
| **Disabilities (if any):** |  | **Current Address:** |  |

**Client Information**

**Client’s Current Situation**

*Answer each question and provide further details if applicable.*

|  |  |  |
| --- | --- | --- |
| **Questions** | **Yes / No** | **Further Details** |
| 1. History or current diagnosis of mental illness/emotional instability? | Yes / No |  |
| 2. Diagnosed with antisocial personality disorder? | Yes / No |  |
| 3. Signs of obsessive-compulsive behaviour? | Yes / No |  |
| 4. History of drug or alcohol misuse? | Yes / No |  |
| 5. Inappropriate sexual behaviour? | Yes / No |  |
| 6. At risk of sexual exploitation? | Yes / No |  |
| 7. Evidence of self-neglect? | Yes / No |  |
| 8. Socially isolated? | Yes / No |  |
| 9. Expressing suicidal thoughts? | Yes / No |  |
| 10. Medical conditions requiring specific care? | Yes / No |  |
| 11. Allergies that may require emergency medical intervention? | Yes / No |  |

**Risk to Others**

*Indicate Yes or No and provide details where necessary.*

|  |  |  |
| --- | --- | --- |
| **Questions** | **Yes / No** | **Further Details** |
| 1. Expressing violent or aggressive thoughts towards others? | Yes / No |  |
| 2. Convicted of serious crimes (e.g., arson, robbery, firearms offenses, assault, sexual offenses)? | Yes / No |  |
| 3. Has made threats to others? | Yes / No |  |
| 4. Targeting a specific person or group? | Yes / No |  |
| 5. Use or carry of weapons? | Yes / No |  |
| 6. Likely to be non-cooperative with staff? | Yes / No |  |
| 7. Other concerning behaviors not mentioned? | Yes / No |  |
| 8. Has assaulted staff in the past? | Yes / No |  |

**Risk to Self**

*Indicate Yes or No and provide additional details where necessary.*

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| --- | --- | --- |
| **Questions** | **Yes / No** | **Further Details** |
| 1. History of self-harm? | Yes / No |  |
| 2. Has been exploited in the past? | Yes / No |  |
| 3. History of drug overdose? | Yes / No |  |
| 4. Hospitalisation due to overdose or self-harm? | Yes / No |  |
| 5. Non-compliance with prescribed antipsychotic medication? | Yes / No |  |
| 6. Previous suicide attempt(s)? | Yes / No |  |

**Current Behaviour and Insight**

*Provide Yes or No answers and add details as needed.*

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| --- | --- | --- |
| **Questions** | **Yes / No** | **Further Details** |
| 1. Demonstrates insight into past behavior? | Yes / No |  |
| 2. Shows remorse or understanding of previous harmful actions? | Yes / No |  |
| 3. Committed to changing behavior and maintaining positive change? | Yes / No |  |
| 4. Significant changes in circumstances (e.g., mental health, drug abstinence, improved relationships)? | Yes / No |  |
| 5. Has a clear plan or intent for future behavior? | Yes / No |  |

**Level of Risk to Self**

|  |  |  |
| --- | --- | --- |
| **Low Risk** | **Medium Risk** | **High Risk** |
| □ Minimal risk of self-harm, neglect, or isolation. | □ Moderate risk; may need monitoring and occasional intervention. | □ Significant risk of self-harm or neglect; requires close monitoring. |
| **Behavior Indicating Risk / Triggers** | | |
| *Provide details of the specific behaviors or situations that indicate risk to others.* | | |
|  | | |
| **Suggested Actions / Precautions** | | |
| *List any recommended actions, monitoring, or support needed to mitigate the risk.* | | |
|  | | |

**Level of Risk to Others**

|  |  |  |
| --- | --- | --- |
| **Low Risk** | **Intermediate Risk** | **High Risk** |
| □ Minimal risk of violence or aggression towards others. | □ Moderate risk; some indications of aggressive behavior, may need intervention. | □ High risk of violence towards others; requires close supervision or intervention. |
| **Behavior Indicating Risk / Triggers** | | |
| *Provide details of the specific behaviors or situations that indicate risk to others.* | | |
|  | | |
| **Suggested Actions / Precautions** | | |
| *List any recommended actions, monitoring, or support needed to mitigate the risk.* | | |
|  | | |

**Confidentiality Agreement**

I give my consent for the information I have provided to be shared between **Empower Supported Housing** and relevant agencies to access services related to my identified needs.

I understand that this information will be stored on a secure database, will remain confidential, and will not be shared with any other agency without my explicit permission.

The exceptions to this confidentiality are as follows:

* If there are serious concerns regarding my personal safety.
* If there is a genuine threat of violence against another individual.
* If required by a court order to provide evidence.

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Signature:** |  | **Date:** |  |
| **Support Worker Signature:** |  | **Date:** |  |