

## OPEN CHOICE RISK ASSESSMENT FORM

Name of Young Person/Adult:	
D.O.B:	
Legal Status (if applicable)	
Form completed by:	
Date of completion:	
GP	

No Immediate Risk	
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### **Critical Indicators**

<b>LOW RISK</b>	<b>PLEASE INDICATE YES/NO</b>	<b>HISTORY OF RISK (OUTLINE OF INCIDENTS/HISTORY – CROSS REFERENCE WITH DATES)</b>
Difficulties in adapting to changes in circumstances		
Disability requiring specialist planning		
History of self-harm/neglect		
Problems with housing		
Other		

<b>MEDIUM RISK</b>	<b>PLEASE INDICATE YES/NO</b>	<b>HISTORY OF RISK (OUTLINE OF INCIDENTS/HISTORY – CROSS REFERENCE WITH DATES)</b>
Suicide attempt made in the last 5 years		
Statement of planned suicide intent in the last year		
Incident of neglect/self-harm in the last year		
Incident of aggression towards other in last 5 years		
Incident of known or suspected involvement in substance misuse (including alcohol, solvents, prescribed or illegal drugs).		
History of verbal/physical aggression		
Previous experience of exploitation by others		
History of criminal activity		
Sexual health risk taking behaviour		
Risk of disengaging with services		
Parent?		
Soon to be parent?		
Socially isolated		
History of abuse		
Severe family conflict		
Other		

<b>HIGH RISK</b>	<b>PLEASE INDICATE YES/NO</b>	<b>HISTORY OF RISK (OUTLINE OF INCIDENTS/HISTORY – CROSS REFERENCE WITH DATES)</b>
Suicide attempts made in the last 6 months		
Statement of planned suicide attempts in the last 3 months		
Significant use of aggression in the last 3 months		
Incident of substance misuse resulting in emergency treatment		
Sudden changes to circumstances which may lead to risk taking behaviour		
Refusal to engage with services		
Other risk taking activities which are causing concern (e.g. arson, exploitation, criminal damage, acute health problems, pregnancy (resulting in concerns for the unborn child), young parent (with particular concern for the child/children))		

Name of person/persons completing the form: \_\_\_\_\_

Signature of person/persons completing the form: \_\_\_\_\_

Name of manager/deputy manager: \_\_\_\_\_

Signature of manager/deputy manager: \_\_\_\_\_

***HOW TO RETURN THIS DOCUMENT :-***

- 1) Save this document and return to [enquiries@openchoiceproject.com](mailto:enquiries@openchoiceproject.com)

**OR**

- 2) Post back to the following address:

F.A.O The Manager  
Open Choice Independence Ltd  
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