

Risk Assessment Evaluation & Planning Worksheet

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|----------------------------------|----------------------------|----------------------|
| Individuals Name: UCI: | Date of Discussion: | Date of Note: |
|----------------------------------|----------------------------|----------------------|

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|----------------------|--|--|--|
| Participants: | | | |
|----------------------|--|--|--|

| Significant Risk Factors in the Person's Life - List | Are risks present? | | Description of the risk, circumstances, frequency | Interventions required to eliminate or minimize risk |
|---|---------------------------|-----------|--|---|
| | YES | NO | | |
| 1. Functional Status | | | | |
| a. Eating | ? | ? | | |
| b. Ambulation | ? | ? | | |
| c. Transfers | ? | ? | | |
| d. Toileting | ? | ? | | |
| 2. Behavioral | | | | |
| a. Self-abuse | ? | ? | | |
| b. Aggression toward others or property | ? | ? | | |
| c. Use of physical or mechanical restraint | ? | ? | | |
| d. Emergency drug use (PRN) | ? | ? | | |
| e. Psychotropic meds | ? | ? | | |
| f. PICA | ? | ? | | |
| g. | ? | ? | | |
| 3. Physiological | | | | |
| a. Gastrointestinal conditions | ? | ? | | |
| b. Seizures | ? | ? | | |
| c. Anticonvulsant meds | ? | ? | | |
| d. Skin breakdown | ? | ? | | |
| e. Bowel function | ? | ? | | |
| f. Nutrition | ? | ? | | |
| g. Treatments | ? | ? | | |
| h. | | | | |
| 4. Safety | | | | |
| a. Injuries | ? | ? | | |
| b. Falls | ? | ? | | |

| | | | | |
|--|---|---|--|--|
| b. Community Mobility c. Other Transportation | ? | ? | | |
| 5. Living Option | | | | |
| a. Type? | ? | ? | | |
| b. Emergency response awareness? | ? | ? | | |
| c. Intruder Risk? d. Neighborhood safety? e. | ? | ? | | |
| 7. Community Safety | | ? | | |
| a. Sexual Exploitation | ? | ? | | |
| b. Risk for STD | ? | ? | | |
| c. Financial Exploitation | ? | ? | | |
| d. | ? | ? | | |
| 8. School/ Day Program/ Job | ? | ? | | |
| a. | ? | ? | | |
| b. | ? | ? | | |
| 9. Law Enforcement | | ? | | |
| a. Criminal Activity | ? | ? | | |
| b. Drug/Alcohol Abuse | ? | ? | | |
| c. Probation/Parole Conditions | ? | ? | | |
| 10. | | | | |

Instructions for completing the risk assessment worksheet: Under each specific area, list the Significant Risks identified; indicate “yes” or “no” as to whether a significant risk has been identified in the listed category; indicate “yes” or “no” whether training/service plans are present for the specific risk; if training/service plans have been developed, indicate the training/area; and briefly indicate a summary of the intervention required to eliminate or minimize the risk.