

BRIEF RISK ASSESSMENT

Client Name	Worker Name	Date

Brief Risk Assessment

In the last year:

	Yes	No	Declined
Have you been charged with a violent offence, including sexual assault or domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended an anger management class because someone like a judge told you that you must do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a court ordered you to take medication or follow through on a treatment order for your mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you thought about, planned, or attempted to end your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you overdosed on alcohol or other drugs to the point where you required medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had falls, spells, blacked out or had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you acquired a brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with a chronic health condition or been unable to do what you are supposed to for an existing chronic health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been to the emergency room of the hospital 4 or more times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been incarcerated 4 or more nights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you:

	Yes	No	Declined
Plan on harming another person or yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an existing chronic health condition that you are not getting health care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an existing serious mental health condition that you are not getting care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid getting help when you are sick or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage in higher risk behaviour like sharing needles, having sex with people you don't know, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use alcohol or other drugs to the point of complete intoxication two or more times per week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any warrants for your arrest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have anybody that wants to harm you or seek revenge from you violently, which may include people that believe you have harmed them or to whom you owe money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulties concentrating or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>