RISK ASSESSMENT SYSTEM FOR BRENT SUBSTANCE MISUSE

Name: ____________________________________ **Client number:**______________________________

Date:______________________________________ **Completed by:**_______________________________

Currently using

	Yes	No
Alcohol		
Opiates		
Benzos		
Stimulants		
Hallucinogens		
Currently abstinent		

SIGNIFICANT RISK/ Psychiatric Co-morbidity

SUICIDE INDICATORS

Previous History

- -Previous suicide attempts
- -Violent method used
- -Self-harming behaviour
- -Depressive illness
- -Previous mental health involvement
- -Enhanced CPA
- -Other non-substance misuse medication

Current presentation

- -Expressing suicidal ideation
- -Has a plan made
- -Has high levels of distress
- -Has suicide risk with general factors
- -Has a current depressive illness
- -CPN involved
- -Psychiatric services involved

(Lives alone, male, over 45, poor physical health, unemployed or retired)

RISK TO OTHERS

Forensic History

- -Violence
- -Use of weapons
- -Serious harm to another person
- -Admission to a secure unit/ prison
- -Sexually inappropriate behaviour
- -Arson

Current presentation

- -Expressed intent to harm
- -Has specific person(s) identified
- -Exhibited impulsive behaviour
- -Expressed paranoid delusions

Family and Relationship

- -Childcare issues involving Social Services
- a) In the past
- b) In the present
- c) Child/ren in care
- d) Child/ren at risk register
- -Is client the main carer?
- Age of child 1:_________
- Age of child 2:_________
- Age of child 3:_________
- Age of chid 4:__________
- -Who else lives with them?
- e.g. Subs misusers/……………..……………………..
- -At risk of violence from another person
- -Substance use in hazardous environment
- Are you pregnant? ***Not Known***

GENERAL RISK

Current presentation

- -Concurrent Mental illness
- -Currently living with a mentally ill person
- -At risk of violence from other person
- -Recent traumatic life event

Neglect/ Self-harm

- -Nutritional needs met
- -Personal hygiene satisfactory
- -Overdose - recent or past
- -Debts
- -Isolated

Blood Borne Viruses (BBV)

- -Blood Borne Viruses
- -Testing for BBV
- -Risk of transmission
- -Positive virology (Hep C or B, HIV)

SUBSTANCE MISUSE ISSUES

- -Current dangerous use
- -Dangerous injection sites (groin, neck etc)
- -Abscesses
- -History of thrombosis
- -Seizures
- -DeliriumTremens
- -Other health problem (neurological, GI etc)
- -Accidents
- -Double-scripting
- -Use on top of prescription

Sexual Practice

- -Safe sex practice
- -Relevant information provided
- -Risk to others

Risk from Eating Disorders

- appears significantly under or over weight
- Excessively concerned about their weight

Housing

- -Rough sleeping
- -Homeless
- -Poor accomodation/ living conditions
- -Rent arrears
- -Pending eviction order

Any 'YES' ticks under "significant risk" should be expanded upon overleaf.

CONFIDENTIAL

RISK HISTORY SHEET

Name:_______________________________ **Client number:**_______________________________

List risk incidents, including context. Each individual entry must be dated and signed with designation (job title).

Any items ticked on the front of this risk form should be detailed below

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Date	Details of incident	Sign & date

RISK ALERT STATUS

High Risk	Yes		
	No		If risk identified please expand on action plan agreed below.

RISK MANAGEMENT PLAN

Describe Risk	Identify action(s) to manage risk	person involved

Record managed risks in current care plan form.
To be reviewed along with care plan at least every three months or when circumstances change.