

CONFIDENTIAL

Peasholme Charity: Risk Assessment for Referring Agencies

The information given in this form will not be used primarily for accepting or excluding people from the Peasholme Charity's services, but will inform our own risk assessment strategy should we be able to offer services.

Please include information based upon your own work with the services, as well as known history. If you feel that information that you pass on to us may need further qualification, please use the space provided to record additional information (please use additional sheets if necessary). The object of this form is to get your assessment of the service user, which is agreed by the service user. If the service user does not agree, please include their opinions.

Note: We will not assess a service user without the completed form and their signature on the bottom.

NAME OF SERVICE USER (INCLUDING ALIASES):

DATE OF BIRTH:

Peasholme Charity will treat all information with sensitivity. Sometimes we need to ask for more detail about an issue. Are there any responses on this form that the service user does not wish to talk to us about directly? If 'yes' please attach a qualifying note. Who may we approach?

Yes **No**

BEHAVIOURAL

- | | Yes | No |
|-------------------------------|--------------------------|--------------------------|
| • Known incidence of violence | <input type="checkbox"/> | <input type="checkbox"/> |
| If 'yes' to whom? Staff | <input type="checkbox"/> | <input type="checkbox"/> |
| Other users | <input type="checkbox"/> | <input type="checkbox"/> |
| Public | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends/Family | <input type="checkbox"/> | <input type="checkbox"/> |
| • Most serious damage caused: | | |
| None | <input type="checkbox"/> | <input type="checkbox"/> |
| Minor injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Serious injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Death | <input type="checkbox"/> | <input type="checkbox"/> |

• Known abuse or harassment to others:

- Physical
- Sexual
- Bullying
- Threatening behaviour

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- Known danger to children **Yes** **No**

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- Problems managing anger/impulsive behaviour

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- Sexual assault/exposure

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- Arson

- Concerning behaviours: **Yes** **No**
 - Persistent annoying behaviour
 - Attention seeking behaviour

SELF CARE/RISK FROM OTHERS

- Incidents of serious self neglect

- Known self-harm

- Known suicide attempts/threats of suicide

- Incidents of being abused or exploited:

	Yes	No
Financially	<input type="checkbox"/>	<input type="checkbox"/>
Physically	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally	<input type="checkbox"/>	<input type="checkbox"/>

- Accidental harm:

Burns	<input type="checkbox"/>	<input type="checkbox"/>
Falls	<input type="checkbox"/>	<input type="checkbox"/>

- Persistent provocative behaviour:

Sexual	<input type="checkbox"/>	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>	<input type="checkbox"/>

- Substance/alcohol abuse

EMOTIONAL/MENTAL HEALTH ISSUES

- Dual diagnosis

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- Actual mental health diagnosis
- Detained under the Mental Health Act

Client Declaration:

I agree that the Melbourne Project may record and process the personal and sensitive information given here. I understand that this information is kept securely on file and computer and may be used for the purposes for which the Peasholme Charity and the City of York Council are registered under the Data Protection Act 1988.

Service User: _____ Date: _____

Referring Agency Keyworker: _____

Referring Agency Team Leader: _____