**Risk Management Committee**

**Review Sheet for Risk Assessments Completed**

**Region 07 – Moore Center**

**Client Name**:

**Case Manager:**

**RMC Member completing form:**

**Date presented to RMC:**

**Assessor:**

**Date of Assessment:**

**Reason for Assessment:**

**Risk Level/Concerns noted:**

**Risk Management Plan Needed?**

**Other Recommendations:**

**Note: By signing this document the case manager takes full responsibility for thoroughly reading and ensuring all recommendations stated in the Risk Assessment are followed by the client’s team (ie, a medication evaluation is recommended) or provides documentation of why recommendations were not followed (ie, guardian did not approve medication evaluation) . The risk management team is available to review the case again in the future if any new behavior is noted or the client exhibits increased risk in any way.**

**Signature of RMC member reviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_**

**Signature of case manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_**

**Signature of RMC representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_**

**(submit with copy of RA for case manager and keep in client’s electronic file with RA)**