The following risk assessment form enables us to assess the safety of Service Users and staff

**Name**: ……………………………………………………. **Staff**: …………………………………………………….

|  | **No Problem** | **Past but significant** | **Present (include any medications, current treatments, probation details etc)** |
| --- | --- | --- | --- |
| **Drug Use?** |  |  |  |
| **Alcohol Use?** |  |  |  |
| **Identified Issues with aggression (physical / verbal)?** |  |  |  |
| **Criminal Convictions?** |  |  |  |
| **Identified risk to children?** |  |  |  |
| **Custodial Sentence / s?** |  |  |  |
| **Physical Illness / Medication?** |  |  |  |
| **Anxiety / Depression?** |  |  |  |
| **Self Harm?** |  |  |  |
| **Suicide Attempts?** |  |  |  |
| **Eating Disorders?** |  |  |  |
| **Mental health issues / assessments / Sectioned under MHA** |  |  |  |
| **Relationship difficulties?** |  |  |  |
| **Housing Issues?** |  |  |  |
| **Any other support needs?** |  |  |  |

This form is to the best of my knowledge true and accurate.

**Client Signature:** ………………………………………………………………………………………….

**Project Worker**: ………………………………………………. **Date**: ………………………………