

**Working with Risk (1): Current Situation**  
(Steve Morgan – Practice Based Evidence)

NAME: ..... D.o.B.: / / ID No:.....  
ADDRESS:.....  
..... POSTCODE:.....

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**RISK FROM OTHERS** YES/NO/UNKNOWN  
(eg. abuse, exploitation, domestic violence, contact with services)

Details of identified risk:

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**RISK TO SELF** YES/NO/UNKNOWN  
(eg. suicide, self harm, harmful/hazardous substance misuse)

Details of identified risk:

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**RISK TO OTHERS** YES/NO/UNKNOWN  
(eg. aggression, violence, associated criminality)

Details of identified risk:

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**RISK OF NEGLECT** YES/NO/UNKNOWN  
(eg. health, personal, degree of substance misuse)

Details of identified risk:

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**RISK TO CHILDREN** YES/NO/UNKNOWN  
(eg. neglect, physical/emotional abuse)

Details of identified risk:

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**RISK OF PHYSICAL COMPLICATIONS** YES/NO/UNKNOWN  
(eg. medical, sensory, methods of substance misuse)

Details of identified risk:

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**RISK OF WANDERING and/or FALLS** YES/NO/UNKNOWN

Details of identified risk:

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**MEMORY & COGNITIVE IMPAIRMENT** YES/NO/UNKNOWN  
(eg. forgetfulness, medical condition)

Details of identified risk:

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**CHALLENGES TO SERVICES** YES/NO/UNKNOWN  
(eg. inappropriate demands, poor service response, threats)

Details of identified risk:

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**PROTECTIVE FACTORS** YES/NO/UNKNOWN  
(eg. positive resources, agreed plans, managed self-harm)

Brief details:

**SIGNIFICANT KNOWN HISTORY** (including: known chronology of events, diagnoses, in what ways substance misuse may have been hazardous):

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**INITIAL ASSESSMENT OF RISK** (including: context, situations in which risks may occur and positive resources, potential for *positive risk-taking*):

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**INITIAL RISK MANAGEMENT PLAN** (including: who is to do what, further areas of information needed, identifying how risks are being taken):

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**INFORMATION SOURCES AVAILABLE AT THIS ASSESSMENT:**

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**HOW WAS THIS ASSESSMENT MADE?** (e.g. interview with service user &/or carer, observations, service notes/discussion, multiple sources)

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**INVOLVEMENT and/or AGREEMENT OF PERSON and/or CARER IN PROCESS:**  
Comments:

**Service user signature** (optional)

**Carer signature** (optional)

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**Completed by:**

**Date:** / / **Time:**

**Discussed with:**

**Next intended update:** / /