

**Working with Risk (2): Detailed Review**  
**(Steve Morgan – Practice Based Evidence)**

NAME: \_\_\_\_\_ D.o.B.: / / ID No: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 DATE/PERIOD OF ASSESSMENT: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
 NEXT REVIEW DATE: / /

Network of Support	Names (where relevant)	Copies sent to:
Service User	<input type="checkbox"/> .....	<input type="checkbox"/>
Carer(s)	<input type="checkbox"/> .....	<input type="checkbox"/>
General Practitioner	<input type="checkbox"/> .....	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/> .....	<input type="checkbox"/>
Community Psychiatric Nurse	<input type="checkbox"/> .....	<input type="checkbox"/>
Ward Link Nurse/Named Nurse	<input type="checkbox"/> .....	<input type="checkbox"/>
Social Worker	<input type="checkbox"/> .....	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/> .....	<input type="checkbox"/>
Psychologist	<input type="checkbox"/> .....	<input type="checkbox"/>
Support Worker	<input type="checkbox"/> .....	<input type="checkbox"/>
Voluntary Agency Worker(s)...	<input type="checkbox"/> .....	<input type="checkbox"/>
Others (please specify):	<input type="checkbox"/> .....	<input type="checkbox"/>

**CONFIDENTIALITY OF INFORMATION:** is vitally important to protect the rights of the individual. However, information is shared with the relevant people who work together to offer support. The sharing of information is discussed with the service user beforehand and their views are taken into account. These views will only be breached in the rare circumstances of serious risks identified to self and/or others.

**SOURCES OF INFORMATION AVAILABLE:**

**SERVICE USER CURRENT ASSESSMENT OF RISKS (in their own words):**

**CARER(S) CURRENT ASSESSMENT OF RISKS (in their own words):**

**POTENTIAL FOR POSITIVE RISK-TAKING (reactive or proactive plans):**

NAME:

D.o.B.: / / ID No:

DATE/PERIOD OF ASSESSMENT:

**KNOWN CHRONOLOGY OF RISK INCIDENTS**  
(To include, for example: specific dates, category/description of risk, detailed context/situation, service user's account, carer(s) account, corrections to previously inaccurate information)

**STRENGTHS** (i.e. abilities, capabilities, interests, personal qualities, protective factors, sources of support, etc.) **specifically linked to *working with risk***

(If you need more space, please continue on a separate numbered sheet)

**NAME:**

**D.o.B.: / / ID No:**

**Date/Period of Assessment:**

**Date of last review:**

<p><b>SUMMARY OF ASSESSMENT (since last review)</b>          (Including, for example: context, situations, positive resources, early warning signs, staff allocation, environmental factors, <i>intuitions</i> needing to be investigated further, etc.)</p>
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(If you need more space, please continue on a separate numbered sheet)

<b>Further need for specialised risk/other assessments (e.g. forensic)</b>	<b>YES/NO</b>
<b>Please specify:</b>	

