



Person's Name (First MI Last): Jean B. Stone	Record #:	Date of Admission: 7/1/10
Organization/Program Name: Creative Life Choice Inc/Oak Street Residence	DOB: 10/1/84	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender

Safety and Protective Factors: Indicate below if the person is currently engaged with any Safety and Protective Activities. Comment on each "Yes" answer.

<i>These factors often support individuals with self-management of risk issues. Many of these factors are found elsewhere in the assessment but repeated here for ease of formulating concerns about risk.</i>	Yes	No	Not Known	Comments and/or Context
Stable Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stable Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has Income/ Insurance/ Benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has Positive Alliance with Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Experience Positive Benefits from Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks Assistance When at Risk/ In Danger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Had Developed a Crisis/Safety Plan/ WRAP Plan/ Self Care Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Adherence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to Plan and Follow Through	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity for Empathy / Perspective Taking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religious / Spiritual Beliefs or Involvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stable / Positive Personal Relationships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Positive Family Supports / Has Children or Pets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has Insight About Her/His Symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sobriety / No Active Substance Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low Psychosocial Stressors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity to Weigh Risks and Benefits of Decisions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity for Emotional Self-Regulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity for Self-Management of Behaviors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Future Orientation / Goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recovery Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Risk Factors: Indicate below if the person has any past or current risk factors relating to the category. For each item marked "past" or "current," please note the context of the risk factor and any other relevant information regarding its occurrence. If there is current presentation of an acute risk, such as suicidal ideation, homicidal ideation, etc., please refer to agency specific protocols.

Harm to Others Factors	Past	Current	None	Comments and/or Context
Thoughts / Plans for Harming / Killing Others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Direct Violent Thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Indirect Threats Implying Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Verbal Aggression that Precedes Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Serious Property Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical Assault / Violence to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Assault Against Others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Illegal or Antisocial Behaviors / Arrest / Conviction / NGRI / Incarceration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Neglect or Abuse of Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Stalking / Restraining Order / Obsession Targeted at a Particular Person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arson / Fire Setting / Fire Safety Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Extreme Paranoia / Perception of Threats / Command Hallucinations to Harm Others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Failure of Prior External Supervision to Control or Reduce Harm to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Harm or Danger to Others Issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Harm or Danger to Others Issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



Risk Assessment

Self-Harm Factors	Past	Current	None	Comments and/or Context
Suicidal Thoughts / Plans / Rehearsal Behaviors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide Attempts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Harm Behaviors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family History of Suicidal / Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Life Threatening Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Victimized by Others / Places Self in Danger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Command Hallucinations for Self-Harm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elopement Without Ability to Self-Preserve	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Self-Harm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Self-Harm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Self-Harm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other Risk Factors <i>These factors may increase the level of concern a clinician has regarding potential risk</i>	Past	Current	None	Comments and/or Context
Recent Significant Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Memory Impairment / Dementia / Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Developmental Disability / PDD Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Young Age at Time of First Violent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Early Attachment Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive Impairment / Learning Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Extreme Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Presents with Trauma Related Symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lack of Empathy / Remorse When Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Injury to Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Positive Views of Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Requires Substitute Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Access to / Keeping / Carrying / Using Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Violent Problematic Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Person is Actively Abusing Substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Increased Risk Associated with Presence of Psychiatric Symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unwilling / Unable to Engage in Shared Risk Decisions / Risk Reduction Efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chronic Medical Illness or Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Unable / Unwilling to Manage Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Experiencing Acute High Stress Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Summarize the Risk and Protective Factors and Indicate if Further Planning is Needed per Agency Protocols:

--Jean is currently at a low risk of harming herself. She reports that she periodically experiences suicidal ideation in times of great stress. However, she has consistently reported these thoughts to either staff members or her brother since her last hospitalization in 2010. Historically, Jean engaged in self-harm behaviors(superficially cutting her wrists) when she was a teenager with her last reported self injury in 2000. She attempted suicide by overdose of Ibuprofen in October 2009 and denies any attempts since that time. Both self-injurious and suicidal behaviors have been associated with alcohol use. Jean reports that she has been sober since October of 2009 and she currently has an AA sponsor. In her last attempt, she also stated that she had command auditory hallucinations in which the voice of her estranged father insulted her and told her to kill herself. She has not experienced these hallucinations since her hospitalization when she was placed on anti-psychotic medication.

Person's Signature (Optional, if clinically appropriate):	Date:	Parent/Guardian Signature (If appropriate):	Date:
Clinician/Provider - Print Name/Credential: Anna Renner, LMHC	Date:	Supervisor - Print Name/Credential (if needed):	Date:
Clinician/Provider Signature:	Date:	Supervisor Signature (if needed):	Date:
Psychiatrist/MD/DO (If required):	Date:		