**Risk Assessment Information**

The majority of our work involves lone working either in client’s homes or in the community. We request that all referring agencies complete this form –this will not be used as a basis for accepting or excluding people from Coatham House, but will inform our own risk management strategy should we be able to offer accommodation/support.

Please include information based upon your own work with the client, as well as known history.

Please could you indicate from your knowledge of .      (name),       (DOB) their history of the following:

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| Violence to others | Yes [ ]  No [ ]  |  | Violence from others | Yes [ ]  No [ ]  |
| Aggressive behaviour | Yes [ ]  No [ ]  |  | Abuse/harassment to others | Yes [ ]  No [ ]  |
| Damage to property | Yes [ ]  No [ ]  |  | Arson | Yes [ ]  No [ ]  |
| Inappropriate sexual behaviour | Yes [ ]  No [ ]  |  | Sexual abuse (perpetrator) | Yes [ ]  No [ ]  |
| Physical abuse (perpetrator) | Yes [ ]  No [ ]  |  | Danger/risk to children | Yes [ ]  No [ ]  |
| Physical health | Yes [ ]  No [ ]  |  | Blood borne viruses | Yes [ ]  No [ ]  |
| Risk to professionals | Yes [ ]  No [ ]  |  | Offending | Yes [ ]  No [ ]  |
| Anti-social behaviour | Yes [ ]  No [ ]  |  | Incidents of self-neglect | Yes [ ]  No [ ]  |
| Incidents of being exploited | Yes [ ]  No [ ]  |  | Substance misuse | Yes [ ]  No [ ]  |
| Alcohol misuse | Yes [ ]  No [ ]  |  | Accidental harm | Yes [ ]  No [ ]  |
| Sexual abuse (victim) | Yes [ ]  No [ ]  |  | Physical abuse (victim) | Yes [ ]  No [ ]  |
| Self-harm | Yes [ ]  No [ ]  |  | Poor mental health | Yes [ ]  No [ ]  |
| Poor motivation/engagement | Yes [ ]  No [ ]  |  | Financial/debt | Yes [ ]  No [ ]  |
| Suicidal attempts | Yes [ ]  No [ ]  |  | Other (Please specify below) | Yes [ ]  No [ ]  |

Where you have ticked **yes** to any of the above could you please provide details of each incident/issue including when the incident occurred, how many times it has happened and the severity of the incident?

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Signed............................................................. Dated.......................................