

## Risk Assessment

<b>Client name:</b>	<b>DOB:</b>	<b>Date completed:</b>
<b>Case Manager:</b>	<b>Prepared by:</b>	<b>Consultation w/:</b>
<b>Physical Conditions:</b>	<b>Mental Health Conditions:</b>	<b>Family History:</b>
Visual impairment <input type="checkbox"/>	Medical diagnosis <input type="checkbox"/>	Family support/ attachment <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Specify: <input type="checkbox"/>	Abandonment issues <input type="checkbox"/>
Mobility limitations <input type="checkbox"/>	Schizophrenia <input type="checkbox"/>	Experience of abuse <input type="checkbox"/>
Communication limitations <input type="checkbox"/>	Bipolar <input type="checkbox"/>	Experience as victim <input type="checkbox"/>
Other: <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Has children w/delays <input type="checkbox"/>
<b>Medical Conditions:</b>	Depression <input type="checkbox"/>	Has children <input type="checkbox"/>
Diagnosis:	OCD <input type="checkbox"/>	Physical <input type="checkbox"/>
Neurological <input type="checkbox"/>	Alcohol/ substance abuse <input type="checkbox"/>	Sexual <input type="checkbox"/>
Cardiac <input type="checkbox"/>	Antisocial <input type="checkbox"/>	Emotional <input type="checkbox"/>
Respiratory <input type="checkbox"/>	Paranoid <input type="checkbox"/>	Financial <input type="checkbox"/>
Muscular <input type="checkbox"/>	ADHD/ADD <input type="checkbox"/>	Attachment trauma <input type="checkbox"/>
Skeletal <input type="checkbox"/>	Autism spectrum <input type="checkbox"/>	Abandonment <input type="checkbox"/>
Other: <input type="checkbox"/>	Eating disorder <input type="checkbox"/>	Family Distress <input type="checkbox"/>
<b>Developmental Condition:</b>	Grief/loss <input type="checkbox"/>	Conflict/violence <input type="checkbox"/>
Medical diagnosis <input type="checkbox"/>	Other <input type="checkbox"/>	Family breakup <input type="checkbox"/>
Intellectual impairment <input type="checkbox"/>	<b>Behavioural Factors:</b>	Substance abuse <input type="checkbox"/>
PDD <input type="checkbox"/>	Hyperactive/Impulsive <input type="checkbox"/>	Family physical health <input type="checkbox"/>
Autism <input type="checkbox"/>	Self injurious <input type="checkbox"/>	Family mental health issue <input type="checkbox"/>
Down's Syndrome <input type="checkbox"/>	Explosive tantrums <input type="checkbox"/>	Others at home disabled <input type="checkbox"/>
FAS <input type="checkbox"/>	Violence/aggression <input type="checkbox"/>	Aged parents <input type="checkbox"/>

FAE <input type="checkbox"/>	Destruction to property <input type="checkbox"/>	Negligent parenting <input type="checkbox"/>
Fragile X Syndrome <input type="checkbox"/>	Sexual acting out <input type="checkbox"/>	Other <input type="checkbox"/>
PKU <input type="checkbox"/>	Sexually assaultive/predatr <input type="checkbox"/>	<b>Community/ Environmental Facts</b>
Prader– Willi Syndrome <input type="checkbox"/>	Non compliance/defiant <input type="checkbox"/>	Transportation issues <input type="checkbox"/>
ABI <input type="checkbox"/>	Screaming/yelling/swearing <input type="checkbox"/>	Distance to needed support <input type="checkbox"/>
Other: <input type="checkbox"/>	Pica <input type="checkbox"/>	Connections to supports <input type="checkbox"/>
	Sleep disturbance <input type="checkbox"/>	Legal charges in place <input type="checkbox"/>
	Fire setting <input type="checkbox"/>	Peer problems <input type="checkbox"/>
	Stealing <input type="checkbox"/>	Exploited/victimized <input type="checkbox"/>
	Running away <input type="checkbox"/>	No housing <input type="checkbox"/>
	Withdrawn <input type="checkbox"/>	Housing health safety risks <input type="checkbox"/>
	Other <input type="checkbox"/>	Inappropriate housing <input type="checkbox"/>
		Support funding issues <input type="checkbox"/>
		On probation/parole <input type="checkbox"/>
		CAS involvement <input type="checkbox"/>
		Day program issues <input type="checkbox"/>
		School issues <input type="checkbox"/>
		Other <input type="checkbox"/>