

Barwon Health Community & Mental Health Risk Assessment – Integrated Assessment

Client Name:
Date of Birth:
Address:
Phone:
Date of Assessment:
Time of Assessment:

Barwon Health UR:
Team:
Care Manager:
Consultant:
GP:
Author:

Suicide Risk Assessment (PLEASE HIGHLIGHT LEVEL OF RISK IN RED or BOLD)

Suicidal Ideation: LOW / MODERATE / HIGH

Suicidal Plan: LOW / MODERATE / HIGH

Access to means: LOW / MODERATE / HIGH

Prior Attempts: LOW / MODERATE / HIGH

Anger / Hostility / Impulsivity: LOW / MODERATE / HIGH

Depression (Current Level): LOW / MODERATE / HIGH

Anxiety: LOW / MODERATE / HIGH

Disorientation / Disorganisation: LOW / MODERATE / HIGH

Hopelessness: LOW / MODERATE / HIGH

Identifiable Stressors: LOW / MODERATE / HIGH

Substance Abuse: LOW / MODERATE / HIGH

Psychosis: LOW / MODERATE / HIGH

Medical Status: LOW / MODERATE / HIGH

Withdrawal from Others: LOW / MODERATE / HIGH

Expressed Communication: LOW / MODERATE / HIGH

Psychiatric Service History: LOW / MODERATE / HIGH

Coping Strategies: LOW / MODERATE / HIGH

Supportive Others (connectedness): LOW / MODERATE / HIGH

Carer/Family/Significant Other Perception of Risk:

History of Violence/Aggression/Self-Harm:

Family History of Mental Illness or Suicide:

Other Relevant Information:

Overall Level of Suicide Risk: LOW / MODERATE / HIGH

Risk of Harm to Others: LOW / MODERATE / HIGH