# Client At Risk Assessment

**Name/File number**:_____ **Date**:_____

**Counsellor**:_____ **Time**:_____

If the client's score on the **Initial** or **Closing Client Questionnaire-PHQ-9** is **15 or greater** OR client has endorsed anything other than **not at all** on Q #9, the **counsellor must complete this form**. It must also be completed any time the counsellor assesses the client to be at risk regardless of the information on the Client Questionnaires.

| | LOWER RISK | MODERATE RISK | HIGH RISK |
|---|---|---|---|
| **RISK TO SELF** | Occasional private thoughts or feelings in relation to;<br>☐ Suicide or self-harm<br>☐ Hopelessness | Frequent or persistent private thoughts or feelings in relation to;<br>☐ Suicide or self-harm<br>☐ Hopelessness<br>A history of;<br>☐ Any previous attempts at suicide or self harm<br>Planning;<br>☐ Vague plans<br>☐ Non-specific threats or promises | Voiced specific thoughts or feelings in relation to;<br>☐ Suicide or self harm<br>☐ Hopelessness<br>A recent history of;<br>☐ Multiple attempts at suicide or self harm<br>Planning;<br>☐ Detailed plans<br>☐ Specific threats or promises |
| **RISK TO OTHER** | Occasional private thoughts or feelings in relation to;<br>☐ Harm<br>☐ Intense anger | Frequent or persistent private thoughts or feelings in relation to;<br>☐ Harm or death<br>☐ Intense anger<br>A history of;<br>☐ Previous harm<br>Planning;<br>☐ Vague plans<br>☐ Non-specific threats, promises or assertions | Voiced specific thoughts or feelings in relation to;<br>☐ Harm<br>☐ Expressed anger<br>A recent history of;<br>☐ Multiple attempts at harm<br>Planning;<br>☐ Detailed plans<br>☐ Specific threats, promises or assertions |
| **RISK FROM OTHER** | ☐ Worries or fears of an attack in the absence of a previous history of threats or violence | ☐ Worries or fears of an attack with a previous history of threats of violence or actual violence<br>☐ Non-specific threats, assertions or promises | ☐ Specific threats, promises or assertions<br>A recent history of;<br>☐ Attempts at harm or actual harm |

**RISK MULTIPLIERS**

**MEDICAL**
- ☐ Alcohol or drugs
- ☐ Changes in medications
- ☐ Depression

**FINANCIAL**
- ☐ Loss of employment
- ☐ Underemployment
- ☐ Debt

**SOCIAL/LEGAL**
- ☐ Lack of social support
- ☐ Physical isolation
- ☐ Emotional isolation
- ☐ Relationship/family
- ☐ Legal

**COGNITIVE**
- ☐ Attitudes that indicate the objectification of persons

Please turnover ➔

# Client At Risk Assessment

**Client Phone No.**:_____

**Client Physical Address**:_____

_____

**Age Category:**

☐ Child/Youth <19 years
☐ Adult>19 years

| **SITUATION:** | | |
|---|---|---|
| **RISK TO SELF**<br>☐ High<br>☐ Moderate<br>☐ Low | **RISK TO OTHER**<br>☐ High<br>☐ Moderate<br>☐ Low | **RISK FROM OTHER**<br>☐ High<br>☐ Moderate<br>☐ Low |

**MULTIPLIER(S):**_____

| To do | Done | SAFETY PLAN CHECKLIST | Counsellor | Client | Other |
|---|---|---|---|---|---|
| ☐ | ☐ | Parent/guardian of an at risk child or family member/ friend of an at risk adult contacted | ☐ | ☐ | ☐ |
| ☐ | ☐ | Supervisor contacted | ☐ | ☐ | ☐ |
| ☐ | ☐ | Family physician contacted (encourage parents or adult client to do this) | ☐ | ☐ | ☐ |
| ☐ | ☐ | Mental Health contacted by phone | ☐ | ☐ | ☐ |
| ☐ | ☐ | Hospital contacted by phone | ☐ | ☐ | ☐ |
| ☐ | ☐ | Crisis Line contacted by phone | ☐ | ☐ | ☐ |
| ☐ | ☐ | RCMP/ambulance contacted, phone 911 | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ Contact or conference with;<br>☐ Parents<br>☐ Family physician<br>☐ Mental Health therapist<br>☐ Harm means removed from home (e.g. guns, pills, etc.)<br>☐ Describe:_____ | ☐ | ☐ | ☐ |
| ☐ | ☐ | 24 hour supervision available.<br>Supervisor:_____<br>Phone #:_____ | ☐ | ☐ | ☐ |
| ☐ | ☐ | Supports/resources identified and phone numbers given.<br>Resources: _____ | ☐ | ☐ | ☐ |
| ☐ | ☐ | Suicide/safety commitment or contract agreed to. | ☐ | ☐ | ☐ |
| ☐ | ☐ | Next contact time set.<br>Date:_____ | ☐ | ☐ | ☐ |