

Risk Assessment Screening Tool

Name: _____

DOB: _____

Date: _____

PCP: _____

Social Functioning

Work	Yes	No	Comments:	_____
School	Yes	No	Comments:	_____
Disabled	Yes	No	Comments:	_____
Legal Problems	Yes	No	Comments:	_____
Substance Use	Yes	No	Comments:	_____
Relationships	Good	Fair	Poor	Comments: _____
Hygiene	Good	Fair	Poor	Comments: _____
Social Involvement	Good	Fair	Poor	Comments: _____
Judgment	Good	Fair	Poor	Comments: _____
Cognitive Function	Good	Impaired	Psychotic Process	Comments: _____

Self Harm

Suicide Attempts	Yes	No	Date	Comments:	_____	
Hospitalizations	Yes	No	Date	Comments:	_____	
Suicidal Ideation	Yes	No	Plan	Means	Comments:	_____
Self Injury	Yes	No	Dates	Comments:	_____	

Harm to Others

History of harm to others	Yes	No	Dates	Comments:	_____
Ideation of harm to others	Yes	No	Specific Target	Comments:	_____

Victimization History

History of Childhood Abuse	Yes	No	Dates	Comments:	_____
History of Domestic Abuse	Yes	No	Dates	Comments:	_____
History of Traumatic Events	Yes	No	Dates	Comments:	_____

Other Significant History

Psychological Stressors