

Current/previous use of services for support?

Yes No

Please give details (if known)

Agency _____	Contact _____	Tel : _____
Agency _____	Contact _____	Tel : _____
Agency _____	Contact _____	Tel : _____
Agency _____	Contact _____	Tel : _____

RISK ASSESSMENT - INITIAL INFORMATION

		None	Mild	Moderate	Severe
Do you have a history of attempted suicide?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan	Yes <input type="checkbox"/> no <input type="checkbox"/>				

Comment/Risks _____

Do you have a history of self-harm?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you have a history of violence or aggression?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you have a history of offending/pending court cases?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you have a history of drug or alcohol abuse?	PAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment _____

Do you live alone? Please give details Yes No
 e.g. with partner, parents/guardian, relatives/friends, homeless

Do you have children at home? Yes No
 Please give details

Do you have any medical/health conditions? Yes No
 Please give details

Emergency Contact Person (if appropriate): _____ **Relationship** _____
Address: _____ **Post Code:** _____
Tel No: _____ **Mobile No:** _____

ETHNICITY White Black Asian Mixed Other _____

Signature: _____ **Date:** _____

For Office Use		<small>APPOINTMENT DETAILS</small>	
DATE RECEIVED	_____	DAY AND DATE	_____
FUNDING SOURCE	_____	TIME	_____
SERVICE USER CODE <small>(office staff to complete this)</small>	_____	VENUE	_____
		STAFF/VOL NAME	_____

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