



Assisted Admission Risk Screening Form

(Information gathered from the Registered Medical Practitioner)

Purpose: To highlight potential risks prior to deployment of the assisted admission team.

Each of the below indicators are discussed with the RMP and the medical staff of the Approved Centre. Subsequent to this a discussion takes place with the assisted admissions coordinator and using all other available information the form is jointly agreed.

Name of person being assessed:	Assessment Date:
D.O.B.:	
Address:	

State whether the following indicators for violence and suicide/deliberate self-harm are present (Please ✓).

NOTE: These indicators are intended to guide risk screening only

VIOLENCE	Y	N	N/K	SUICIDE/DELIBERATE SELF HARM	Y	N	N/K
Is there a significant recent/past history of violence?				History of previous significant suicide/deliberate self-harm events?			
Current thoughts, plans or symptoms of violence.				Thoughts or plans which suggest suicide/deliberate self-harm ideation?			
Current behavior suggesting there is a risk of violence?				Current behavior suggesting there is an imminent risk of harm to self?			
Appears to suffer from a major mental illness with symptoms of paranoia, delusions or hallucinations?				Appears to suffer from a major mental illness with symptoms of paranoia, delusions or hallucinations?			
Current problems with alcohol or substance misuse?				Current problems with alcohol or substance misuse?			
An expressed concern from others about a risk of violence?				An expressed concern from others about a risk of Suicide?			
Is it the opinion of the RMP/GP that there is a risk of violence?				Is it the opinion of the RMP/GP that there is a risk of suicide/self-harm?			

Medical Risks: Are there any known medical risks to be considered prior to/during the assisted admission? (Please detail).

Other Risks: Taking into account other relevant information and the extent of which information is available to you, are there other risks you are concerned about? (e.g. access to firearms, potential/lethal weapons, patient having skills/training in martial arts, access to residence).

Medical Staff Name (Print): Signature:

Date: Time:

GP= General Practitioner. RMP= Registered Medical Practitioner. N/K= Not Known