

**Department of Mental Health
Inpatient Enhanced Clinical Review
Fire Setting Risk Assessment**

Patient Name:	DOB:	Age:	Sex:
Marital Status:	Admission Date:		
Current Legal Status:	Guardianship Status:		
DMH Facility:			
Attending Psychiatrist:			

Fire Setting History: *(In describing each event be sure to indicate if it occurred when the patient was a juvenile or an adult; please also note if there were several events if there were event patterns)*

Incidents of Fire Setting: *(For each event note the following: Date of fire setting behavior, use of accelerants, involvement of others, results of the fire setting – property damage/loss, injury, loss of life)*

Description of Fire Setting Event by Person: *(For each event document the circumstances and description of the event according to the patient)*

Intention of Harm: *(For each event note if intent was for physical harm, emotional harm or fear, loss of life and/or property destruction, etc)*

Reason for Fire Setting by Person: *(For each event document the reasons for fire setting according to the patient, e.g. using fire setting as a means to communicate something such as anger)*

Person's Response to Fire Setting Incident: *(For each event document the patient's response, such as remorse, lack of remorse, disappointment, pride, etc)*

Description of Fire Setting Event by Collateral: *(For each event explain the circumstances and description of the event according to collateral sources; and include the source of each collateral account)*

Circumstances Preceding Fire Setting Event: *(For each event explain the proximal and the distal context, vulnerabilities or precipitants to the fire setting event)*

Planning Involved: *(For each event note whether the event was planned, planned to create a controlled fire, planned to create a large fire, unplanned, opportunistic, impulsive, likely accidental or unknown)*

Involvement of Major Mental Illness at the Time of Event: *(For each event note whether or not mental illness was involved or if unknown)*

Involvement of Substance Use at the Time of Event: *(For each event note whether or not substance use was involved or if unknown)*

Medications Prescribed at the Time of Fire Setting: *(For each event note level of compliance for the month prior to fire setting incident if known)*

Medications Taken the Day of Fire Setting: *(If known)*

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Result for Patient of Fire Setting Incident: *(For each event note whether patient faced charges, IST, NGRI, conviction, incarceration, mental health hospitalization, placement change, etc.)*

Clinical Risk Factor	Present	Absent
Social Isolation, Rejection, Loss		
Cluster B Personality Disorder		
History Of Aggression/Violence		
Environmental Risks/Triggers		
Manic Symptoms		
Psychosis/Paranoia		
Substance Use/Abuse/Dependence		
Fire Curiosity/Interest		

Description of Clinical Risk Factors:

Clinical Assessment and Formulation: *(For each event or fire setting event pattern note whether or not clinical risk factors were/are present or absent)*

Previous Treatment for Fire Setting: *(Include education, psychotherapy, medication, specialized placement, etc)*

Fire Setting Risk Formulation and Mitigation Analysis:

Fire Setting Risk Intervention Recommendations: