

## Risk Assessment Update

<b>Date This Risk Assessment Update Completed</b>		<b>Date of Initial Risk Assessment:</b>		
Patient Name:		DOB:	Age:	Sex: Select One
Marital Status: Select One		Admission Date:		
Current Legal Status: Select One		Guardianship Status: Select One    Select One    Select One		
Contact Person:		Contact Clinician Telephone/pager:		
Current DMH Facility: Select One    Specify Other Facility:		Attending Psychiatrist telephone/pager:		
Attending Psychiatrist:		Privilege Level (or Discharge) Being Considered:		
Current Privilege Level:		Bail Mittimus: Select One		
Restricted to Buildings and Grounds per Court Order: Select One		Site:		
Area of Tie:				

**Reason for this assessment:**

- Required pursuant to Policy #10-01R:  
Indicate charge(s), date of each charge and outcome of each charge:  
If Level 3 Sex Offender note the underlying charge(s) with date(s):
- Elective Specify reason (most serious violence):
- ECR: Specify ECR Trigger (e.g., violent incident, BSH commitment, etc.):

**Update Information**  
**Current Diagnoses:**

Axis I:
Axis II: (include personality traits)
Axis III:
Axis IV:
Axis V:
If other diagnoses have been offered previously, list:

<b>Current Medications</b>
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<b>Changes in Mental Status, positive or negative, since last risk assessment form was completed Note therapeutic gains and positive behavioral changes since last violent risk assessment form was completed</b>

<b>Note any Changes in life circumstances (e.g., change in support system) since last violent risk assessment form was completed</b>

<b>Note any additional historical information related to violence or criminal behavior that has been obtained since last Risk Assessment Form was completed (e.g., additional charges, instances of violence, new data regarding psychiatric history, new data regarding substance abuse, additional information about previous violent incidents)</b>

<b>Note significant behaviors since last risk assessment: (Check all that apply)</b>		
<input type="checkbox"/> Physical Assaults	<input type="checkbox"/> Threats/Intimidation	<input type="checkbox"/> Theft/stealing
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Use of Weapons
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Problematic sexual behavior	<input type="checkbox"/> Self Harm
<input type="checkbox"/> Suicide Attempts	<input type="checkbox"/> AWA	<input type="checkbox"/> Seclusion
<input type="checkbox"/> Restraint	<input type="checkbox"/> Non-adherence to Privileges	<input type="checkbox"/> Problem on Passes
<input type="checkbox"/> Need for Medication Restraint	<input type="checkbox"/> Non-adherence to medication	<input type="checkbox"/> Non-adherence to other treatment
<input type="checkbox"/> Other:		
If any of the above checked, please describe:		

<b>Other significant interim hospital course data. (This includes events such as case conferences and consultations).</b>

<b>Patient's Current Account of Offense(s)/Alleged Offense(s) Identified in Policy #10-01R or the violent behavior(s) that triggered the ECR :</b> (Highlight any discrepancies with collateral information and with previous patient accounts if known) <i>If the ECR was initiated because the patient was committed to Bridgewater for treatment but there is no significant history of violence this section may be marked not applicable</i>
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## Risk Assessment Update

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<b>If changed from the last risk assessment, describe current thoughts, fantasies, or relationship to victim(s) or identified new victim(s) of alleged offense/offenses</b>

<b>Describe degree of current insight into factors that contributed to violent behavior.</b> <i>Focus on patient's appreciation of how mental illness and/or substance abuse, as well as situational variables were related to violent behavior in general and related to offense(s)/alleged offense(s) identified in Policy #10-01R or ECR triggering violence. If the ECR was initiated because the patient was committed to Bridgewater for treatment but there is no significant history of violence this section may be marked not applicable</i>

<b>List any additional strengths and protective factors that relate to violence risk for this patient:</b>

<b>Rationale for considering increased privileges/discharge.</b> <i>Describe the treatment team's reasons for recommending a change in this patient's level of privileges/discharge. Explain how risk factors associated with violence have changed or been addressed in treatment</i>

<b>Violence risk formulation and mitigation analysis (ECR ONLY):</b>

<b>Violence Risk intervention recommendations (ECR ONLY):</b>

List sources of information below		
	Requested: <input type="checkbox"/>	Received: <input type="checkbox"/>
	Requested: <input type="checkbox"/>	Received: <input type="checkbox"/>
	Requested: <input type="checkbox"/>	Received: <input type="checkbox"/>
	Requested: <input type="checkbox"/>	Received: <input type="checkbox"/>
	Requested: <input type="checkbox"/>	Received: <input type="checkbox"/>

This risk assessment was prepared by:

<b>Print Name/Title</b> (of person/s completing form):	<b>Phone Number:</b>	<b>Date:</b>
<b>Name/Title of Attending Psychiatrist or Psychiatric Clinical Nurse Specialist</b> (if different from above):	<b>Phone Number:</b>	<b>Date:</b>
<b>Signature</b> (of person completing form):	<b>Date:</b>	
<b>Signature of Attending Psychiatrist</b> (if different from above):	<b>Date:</b>	