HIGH RISK ASSESSMENT (HRA)

CLIENT NAME: ____________________________ CASE NUMBER: ________________________

ASSESSMENT OF IMMEDIATE RISK FACTORS: Any “yes” response triggers enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. For all unlicensed staff, documentation of a consultation is required. For trainees specifically, review with supervisor is required prior to end of session.

Direct (past 2 weeks) discharge from 24 hour program due to suicidal or homicidal crisis (hospital, IMD, START, residential treatment, etc.)

☐ No ☐ Yes ☐ Refuse/Cannot Assess

Current serious thoughts/impulses of hurting/killing self or others:

Note if access to fire arms (guns) or other lethal means:

☐ No ☐ Yes ☐ Refuse/Cannot Assess

Pre-death behavior/committed to dying (e.g. giving away possessions) and/or current hopelessness/sees no options

☐ No ☐ Yes ☐ Refuse/Cannot Assess

Preoccupied with incapacitating or life threatening illness and/or chronic intractable pain and/or catastrophic social loss

☐ No ☐ Yes ☐ Refuse/Cannot Assess

Current command hallucinations, intense paranoid delusions and/or command override symptoms (belief that others control thoughts/actions)

☐ No ☐ Yes ☐ Refuse/Cannot Assess

Current behavioral dyscontrol with intense anger/humiliation, recklessness, risk taking, self-injury and/or physical aggression and violence

☐ No ☐ Yes ☐ Refuse/Cannot Assess

Additional Youth Risk Factors:

Current extreme social alienation, isolation and/or victim of bullying

☐ No ☐ Yes ☐ Refuse/Cannot Assess

PROTECTIVE FACTORS: (strong religious, cultural, or inherent values against harming self/others, strong social support system, positive planning for future, engagement in treatment, valued care giving role (people or pets) and strong attachment/responsibility to others.)

SELF-INJURY/SUICIDE/VIOLENCE MANAGEMENT PLAN: (Document enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. For all unlicensed staff, documentation of a consultation is required. For trainees specifically, review with supervisor is required prior to end of session.)
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TARASOFF ASSESSMENT:

Current Violent Impulses and/or Homicidal ideation toward a reasonably identified victim?  
☐ No  ☐ Yes  ☐ Refuse/Cannot Assess

Tarasoff Warning Indicated?  
☐ No  ☐ Yes

If yes, include victim(s) name and contact information (Tarasoff Warning Details):


Reported To: _____________________________          Date: __________

CURRENT DOMESTIC VIOLENCE?  
☐ No  ☐ Yes  ☐ Refuse/Cannot Assess

If yes, detailed documentation and child/adult protective services question mandatory. Describe situation:


Child/Adult Protective Services Notification Indicated?  
☐ No  ☐ Yes

Reported To: _____________________________          Date: __________

Signature of Staff or Clinician Requiring Co-Signature: _____________________________ Date: __________

Signature of Staff or Clinician Completing/Accepting Assessment: _____________________________ Date: __________