

Behavioral Health CareConnection®
Data Collection Form: Offender Risk Factors

Member Name: _____ **Member ID:** _____

Initial Request Offender Risk Factors

Number of Charges Filed for Sex Related offenses without conviction: Age at First Offense

Number of Convictions for Sex Related offenses:

Gender of Victim(s) Male Female

Relationship of Offender to Victim(s) (check all that apply)
 Biological Family/Step Family/Foster Family Member Acquaintance
 Friends/Children of Friends/Neighbor Stranger

Number Of Known Victims: _____

Age Range of Victim(s): _____

Does the member have a history as a victim of:

Physical Abuse Yes No
 Sexual Abuse Yes No
 Neglect Yes No

IQ Level: Within Normal Range Below Normal Range Above Normal Range

Date of Most Recent Offense: _____ (mm/dd/yyyy)

Mark any that are present:

Crosses Physical Boundaries Deviant Arousal Exhibitionism Frotterism
 Pervasive Anger Pedophilia Used Coercion/Threats/Force

Identify Level Of Denial/Honesty:

Denies Offenses or Seriousness Recognizes Offenses but minimizes occurrence and consequences for self
 Recognizes Offenses but minimizes impact for Victim
 Accepts responsibility, expresses appropriate guilt/remorse (not superficial)

Level Of Care

	Yes	No
Past Inpatient Offender Treatment	<input type="text"/>	<input type="text"/>
Past Outpatient Offender Treatment	<input type="text"/>	<input type="text"/>
Are there any factors contraindicating outpatient care?	<input type="text"/>	<input type="text"/>
Re-offense Potential	<input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High

Assessment/screening used by Provider and results: