

Behavioral Health CareConnection®
Data Collection Form: RISK ASSESSMENT

Member Name: _____

Member ID: _____

Clinical Risk Assessment

Risk to Self (SI):

- | | |
|---|--|
| 1 none | 13 plan with previous attempts and family/peer history |
| 2 ideation only | 14 means |
| 3 ideation with plan | 15 means with attempt(s) in last year |
| 4 ideation with means | 16 means with attempts > 1 year |
| 5 ideation with attempt(s) in last year | 17 means with family/peer history |
| 6 ideation with prior attempts > 1 year | 18 means with attempts and family/peer history |
| 7 ideation with family/peer history | 19 assessed lethality warrants inpatient hospitalization |
| 8 ideation with previous attempts and family/peer history | 20 plan and means |
| 9 plan | 21 plan and means with attempt(s) in last year |
| 10 plan with attempt(s) in last year | 22 plan and means with attempts > 1 year |
| 11 plan with attempts > 1 year | 23 plan and means with family/peer history |
| 12 plan with family/peer history | 24 plan and means with attempts and family/peer history |

Risk to Others (HI):

- | | | |
|--------------------------------|--|--|
| 1 none | 6 ideation with prior attempts | 11 plan with prior attempts |
| 2 ideation only | 7 ideation with plan, means and prior attempts | 12 means with prior attempts |
| 3 ideation with plan | 8 plan | 13 assessed lethality warrants inpatient hospitalization |
| 4 ideation with means | 9 plan with means | |
| 5 ideation with plan and means | 10 plan with means and prior attempts | |

Individual has contracted

not to harm: Self Others Self & Others Declined / Not Offered

Has the individual experienced any of the following?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Physical/Sexual Abuse Victim | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Physical/Sexual Abuse Perpetrator | <input type="checkbox"/> Child/Elder Neglect |