**TBIW Assessed Risks to Service Plan**

**Mapping Checklist**

| **Assessed Risk** | **Service Plan Component / Examples** | **CM Review** | | | | | **CM Notes** | **CM Supervisor Review** | | | **CM Supervisor Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Included?**  **✔ = Yes**  **✘ = No** | | | | | **Included?**  **✔ = Yes**  **✘ = No** | | |
| **Risk Identified** | **Strengths/Assests to Reduce Risk Identified** | | **Additional Supports to Reduce**  **Risk Identified** | **Formal Supports Identified** | **All identified risks included on service plan?** | **Are all service plan components completed (ie. Risk identified, Strengths/assests identified, Additional Supports, Formal Supports)?** | **Do the service plan components include an appropriate response to the identified risk?** |
| **Medical Risks** | * Disease management * Medication management * Skin breakdown requiring turning / repositioning * Inability to evacuate the home * Obesity * Oxygen use * Seizures |  | |  |  |  |  |  |  |  |  |
| **Behavioral Risks / Mental Health Risks** | * Easily agitated resulting in verbal aggression * Resistant to care * Sexually inappropriate * Mood swings * Hallucinations * Delusions |  | |  |  |  |  |  |  |  |  |
| **Fall Risks / Mobility** | * Stairs * Throw rugs * Amputation * Use of DME / Prosthetics * History of falls * Unsteady gait * Numbness |  | |  |  |  |  |  |  |  |  |
| **Safety Risks / Substance Abuse** | * Fall risk * Physically dangerous to self if unsupervised * Alcohol abuse * Substance abuse |  | |  |  |  |  |  |  |  |  |
| **Environmental Risks** | * Uneven flooring * Poor lighting * Unsafe living space * Homerepairs needed * Accessibility modifications needed |  | |  |  |  |  |  |  |  |  |
| **Nutritional Risks** | * Poor nutritional intake due to inability to physically feed self or cognitive impairments * Diabetic * Feeding tube |  | |  |  |  |  |  |  |  |  |
| **Cognitive Risks**  **Cognitive Risks Cont.** | * Cannot communicate basic needs * Seriously impaired judgement * Impaired decision-making abilities * Unable to follow to simple commands * Unable to cooperate with treatment efforts * Inattention * Absent short term memory * Inability to learn/retain new information |  | |  |  |  |  |  |  |  |  |

**Case Manager Supervisor Review**

**Review Questions**

* **Service Plan Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Overall Compliance:**  ☐ Fully Compliant ☐ Partially Compliant ☐ Non-Compliant
* **Follow-Up Actions Required:**

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Case Manager Supervisor Signature Date