

Risk Assessment Evaluation & Planning Worksheet

Individuals Name:		Date of Discussion:		Date of Note:	
Participants:	1.	2.	3.	4.	5.
Significant Risk Factors in the Person's Life - List	Are risks present?		Description of the risk, circumstances, frequency	Interventions required to eliminate or minimize risk	
	YES	NO			
1. Functional Status					
a. Eating	<input type="checkbox"/>	<input type="checkbox"/>			
b. Ambulation	<input type="checkbox"/>	<input type="checkbox"/>			
c. Transfers	<input type="checkbox"/>	<input type="checkbox"/>			
d. Toileting	<input type="checkbox"/>	<input type="checkbox"/>			
2. Behavioral					
a. Self-abuse	<input type="checkbox"/>	<input type="checkbox"/>			
b. Aggression toward others or property	<input type="checkbox"/>	<input type="checkbox"/>			
c. Use of physical or mechanical restraint	<input type="checkbox"/>	<input type="checkbox"/>			
d. Emergency drug use	<input type="checkbox"/>	<input type="checkbox"/>			
e. Psychotropic meds	<input type="checkbox"/>	<input type="checkbox"/>			
3. Physiological					
a. Gastrointestinal conditions	<input type="checkbox"/>	<input type="checkbox"/>			
b. Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
c. Anticonvulsant meds	<input type="checkbox"/>	<input type="checkbox"/>			
d. Skin breakdown	<input type="checkbox"/>	<input type="checkbox"/>			
e. Bowel function	<input type="checkbox"/>	<input type="checkbox"/>			
f. Nutrition	<input type="checkbox"/>	<input type="checkbox"/>			
g. Treatments	<input type="checkbox"/>	<input type="checkbox"/>			
4. Safety					
a. Injuries	<input type="checkbox"/>	<input type="checkbox"/>			
b. Falls	<input type="checkbox"/>	<input type="checkbox"/>			
c. Community Mobility	<input type="checkbox"/>	<input type="checkbox"/>			
5. Other	<input type="checkbox"/>	<input type="checkbox"/>			

Instructions for completing the risk assessment worksheet: Under each specific area, list the Significant Risks identified (modify this list as needed); Indicate "yes" or "no" as to whether a significant risk has been identified in the listed category; Indicate "yes" or "no" whether training/service plans are present for the specific risk; If training/service plans have been developed, indicate the training/area; Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.