

RISK ASSESSMENT TOOL

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

1. Personal Factors - General

Date:

Age:

Risk Factors

**Comments on strengths, resources available/
being used**

1.1 AGE: increasing age,
particularly > 85 y.o.

1.2 GENDER: female > male

2. Personal Factors - Functional Status

Level of Risk:

0 = No Risk

1 = Tolerable Risk

2 = Intolerable Risk

CL = Client

CG = Care Giver

HP = Health Professional

Risk Factors

**Comments on strengths, resources available/
being used**

Level of Risk

CL

CG

HP

2.1 Deficits in personal care and IADL/ADLs

2.2 Decreased mobility - include
impaired balance, falls

2.3 Decreased limb function - lower >
upper limb function

2.4 Decreased vision and hearing

2.5 Decreased communication skills

Name:	PARIS ID:
-------	-----------

Level of Risk: 0 = No Risk 1 = Tolerable Risk 2 = Intolerable Risk
CL = Client CG = Care Giver HP = Health Professional

4. Personal Factors - Health Status

Level of Risk:	0 = No Risk	1 = Tolerable Risk	2 = Intolerable Risk
	CL = Client	CG = Care Giver	HP = Health Professional

Page 2 of 6

RISK ASSESSMENT TOOL

Name:

PARIS ID:

4.5 Frequent hospitalizations visits
within last 6 months

4.6 Frequent visits to GP

4.7 Poor nutrition

5. Personal Factors - Risk-Taking Behaviors

Level of Risk: 0 = No Risk
CL = Client

1 = Tolerable Risk
CG = Care Giver

2 = Intolerable Risk
HP = Health Professional

Risk Factors	Comments on strengths, resources available/ being used	Level of Risk		
		CL	CG	HP
5.1 Smoking				
5.2 Substance abuse - alcohol, drugs (street, OTC, Rx)				
5.3 Medication-seeking, non-compliance (also with other treatments)				
5.4 Medical care - no GP; underuse				
5.5 Self Neglect				
5.6 Services - reluctant; refuses				
5.7 Maintaining abusive relationships				
5.8 Lack of contingency plans				
5.9 Driving - appears to be unsafe				

RISK ASSESSMENT TOOL

Name:	PARIS ID:
--------------	------------------

6. Personal Factors - Other Personal Factors

Level of Risk:	0 = No Risk CL = Client	1 = Tolerable Risk CG = Care Giver	2 = Intolerable Risk HP = Health Professional
----------------	----------------------------	---------------------------------------	--

Risk Factors	Comments on strengths, resources available/ being used	Level of Risk		
		CL	CG	HP
6.1 Specify:				
6.2 Specify:				
6.3 Specify:				

7. External Factors - Social Conditions

Level of Risk:	0 = No Risk CL = Client	1 = Tolerable Risk CG = Care Giver	2 = Intolerable Risk HP = Health Professional
----------------	----------------------------	---------------------------------------	--

Risk Factors	Comments on strengths, resources available/ being used	Level of Risk		
		CL	CG	HP
7.1 Living alone with elderly spouse				
7.2 Little or no family/friend contact				
7.3 Caregiver burden				
7.4 Family conflict				
7.5 Neglect/abuse				
7.6 Social isolation				
7.7 Financial difficulties				
7.8 Lack of appropriate surrogate decision-maker				

RISK ASSESSMENT TOOL

Name:	PARIS ID:
-------	-----------

8. External Factors - Environmental Conditions

Level of Risk:	0 = No Risk CL = Client	1 = Tolerable Risk CG = Care Giver	2 = Intolerable Risk HP = Health Professional
----------------	----------------------------	---------------------------------------	--

Risk Factors	Comments on strengths, resources available/ being used	Level of Risk
		CL CG HP
8.1 Home safety: disrepair, objects-mobility, fire		
8.2 Infestations		
8.3 High crime neighborhood		
8.4 Insecure about housing - eviction, high rent		
8.5 Homelessness		

9. External Factors - Medications from Dr.

Level of Risk:	0 = No Risk CL = Client	1 = Tolerable Risk CG = Care Giver	2 = Intolerable Risk HP = Health Professional
----------------	----------------------------	---------------------------------------	--

Risk Factors	Comments on strengths, resources available/ being used	Level of Risk
		CL CG HP
9.1 Number/type (e.g. polypharmacy, use of benzodiazepines)		

10. External Factors - Other External Risk Factors

Level of Risk:	0 = No Risk CL = Client	1 = Tolerable Risk CG = Care Giver	2 = Intolerable Risk HP = Health Professional
----------------	----------------------------	---------------------------------------	--

Risk Factors	Comments on strengths, resources available/ being used	Level of Risk
		CL CG HP
10.1 Specify:		
10.2 Specify:		
10.3 Specify:		

RISK ASSESSMENT TOOL

Name:

PARIS ID:

Summary of Risk Assessment

Response

Personal Factors (1-6) - Current and Proposed:

External Factors (7-10) - Current and Proposed:

Needs

Need

Post to C/P

Processed

Comments

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----