



Name: DOB: Gender: Home Address:		Age:	PARIS ID: PHN: Phone:			
Assessment Start Dat	te:	Assessment End Date:	Carried Out By:			
1. Personal Factor						
Date:	Age:					
Risk Factors		Comments on strengths, resources available being used	ole/			
1.1 AGE: increasing ag particularly > 85 y.o.	e,					
1.2 GENDER: female >	→ male					
2. Personal Factor	rs - Functional Statu	ıs				
Level of Risk:	0 = No Risk CL = Client	1 = Tolerable Risk CG = Care Giver		ntolerable Risk Health Profes		
Risk Factors		Comments on strengths, resources availal	ble/	Level of Risk		
		being used		CL	CG	НР
2.1 Deficits in personal	care and IADL/ADLs					
2.2 Decreased mobility impaired balance, falls	- include					
2.3 Decreased limb function - lower > upper limb function						
2.4 Decreased vision and hearing						
2.5 Decreased communication skills						

PARIS ID: Name: 3. Personal Factors - Mental Status 1 = Tolerable Risk Level of Risk: 0 = No Risk 2 = Intolerable Risk CG = Care Giver CL = Client HP = Health Professional **Risk Factors** Comments on strengths, resources available/ Level of Risk being used CL CG HP 3.1 Memory Loss 3.2 Decreased organizational abilities including initiation 3.3 Decreased decision-making abilities - includes insight/judgment 3.4 Depression 3.5 Anxiety 3.6 Thought content: paranoia > suspiciousness 3.7 Altered behavior-multiple-particulary aggression 4. Personal Factors - Health Status Level of Risk: 0 = No Risk 1 = Tolerable Risk 2 = Intolerable Risk CG = Care Giver CL = Client HP = Health Professional **Risk Factors** Comments on strengths, resources available/ Level of Risk being used CL CG HP 4.1 Self assessment (good to poor) correlates with risk 4.2 Increased complexity of disease --> symptoms, resulting disability 4.3 Particular disease - heart disease, stroke, diabetes, cancer, Parkinson's, COPD 4.4 Frequent emergency visits within last month

Name:		PARIS ID:			
1.5 Frequent hospitaliz within last 6 months	zations visits				
4.6 Frequent visits to G	GP				
4.7 Poor nutrition					
5. Personal Facto	rs - Risk-Taking Bo	ehaviors			
_evel of Risk:	0 = No Risk CL = Client	1 = Tolerable Risk CG = Care Giver	2 = Intolerab HP = Health		
Risk Factors		Comments on strengths, resources available/ being used		evel of Risk	
5.1 Smoking			CL	CG	НР
5.2 Substance abuse - (street, OTC. Rx)	alcohol, drugs				
5.3 Medication-seeking also with other treatmo					
5.4 Medical care - no C	GP; underuse				
5.5 Self Neglect					
5.6 Services - reluctan	t; refuses				
5.7 Maintaining abusiv	e relationships				
5.8 Lack of contingenc	y plans				
5.9 Driving - appears to	o be unsafe				

Name:	PARIS ID:							
6. Personal Factors	- Other Persona	l 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/			Level of Risk			
6.1 Specify:		being used			CL	CG	HP	
6.2 Specify:								
6.3 Specify:								
7. External Factors -	Social Condition	ns						
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		
7.1 Living alone with elder	ly spouse	•			CL	CG	HP	
7.2 Little or no family/frien	d 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 su decision-maker	ırrogate							

PARIS ID: Name: 8. External Factors - Environmental Conditions Level of Risk: 0 = No Risk 1 = Tolerable Risk 2 = Intolerable Risk CG = Care Giver CL = Client HP = Health Professional **Risk Factors** Comments on strengths, resources available/ Level of Risk being used CL CG HP 8.1 Home safety: disrepair, objectsmobility, fire 8.2 Infestations 8.3 High crime neighorhood 8.4 Insecure about housing - eviction, high rent 8.5 Homelessness 9. External Factors - Medications from Dr. Level of Risk: 0 = No Risk 1 = Tolerable Risk 2 = Intolerable Risk CG = Care Giver CL = Client HP = Health Professional **Risk Factors** Comments on strengths, resources available/ Level of Risk being used 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 1 = Tolerable Risk 2 = Intolerable Risk CG = Care Giver CL = Client HP = Health Professional **Risk Factors** Comments on strengths, resources available/ Level of Risk being used CL CG HP 10.1 Specify: 10.2 Specify: 10.3 Specify:

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				