

## INDIVIDUAL RISK ASSESSMENT FORM

<b>Client Name:</b> _____ _____ <b>Address:</b> _____ _____ _____ _____ <b>Person completing assessment:</b> _____ <b>Disability:</b> _____	<b>File No :</b> _____ <b>Phone:</b> _____ <b>Date:</b> __/__/__ <b>Review date:</b> __/__/__
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	Yes	No	Hazards identified & actions required	Completed (date)
<b>Communication</b>				
Hearing OK				
Speech OK				
Able to write				
English language skills				
<b>Cognition</b>				
Client willing to participate and assist in care				
Oriented in time and place				
Client able to accept direction and instruction				
Short-term memory issues				
<b>Mobility</b>				
Walk unaided				
Manages stairs unaided				
Uses walking aid to walk				
Uses self-propelled wheelchair				
Uses electric wheelchair/scooter				
Transfers independently				
Transfers with supervision				
Transfers with hoist				
<b>Personal Care assistance required</b>				
Bed mobility				
Showering				
Toileting				
Grooming				
Repositioning in bed				
Repositioning in chair				
Mouthcare				
Eating				

Skin care				
<b>Manual handling</b>				
Worker able to adopt safe work postures				
Are manual handling tasks risk assessed				
Is manual handling equipment in place and used				
Have safe work procedures been developed				
Has training been provided to support staff for specific client handling techniques				
Can all manual handling tasks be undertaken safely with current staff and equipment				
Can vehicle transfers be undertaken safely if required				
<b>Violence risk</b>	<b>Present Yes/No</b>	<b>History Yes/No</b>		
Physical aggression to support worker				
Verbal aggression to support worker				
Aggression to other clients				
Aggression with/ against objects				
Self harm				
Substance abuse				
Sexual abuse				
Threats to staff in any way				
Use of emotions to achieve goals				

**NOTES:** \_\_\_\_\_

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