

INDIVIDUAL RISK ASSESSMENT FORM

Client Name: _____	File	No.:

Address: _____	Phone: _____	

Person completing assessment: _____	Date: ___/___/___	
Disability: _____	Review date: ___/___/___	

	Yes	No	Hazards identified & actions required	Completed (date)
Communication				
Hearing OK				
Speech OK				
Able to write				
English language skills				
Cognition				
Client willing to participate and assist in care				
Oriented in time and place				
Client able to accept direction and instruction				
Short-term memory issues				
Mobility				
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				
Personal Care assistance required				
Bed mobility				
Showering				
Toileting				
Grooming				
Repositioning in bed				
Repositioning in chair				
Mouthcare				
Eating				

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Skin care				
Manual handling				
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				
Violence risk	Present Yes/No	History Yes/No		
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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