

Initial Risk Assessment

Date This Initial Risk Assessment Completed:			
Patient Name:	DOB:	Age:	Sex: Select One
Marital Status: Select One	Admission Date:		
Current Legal Status: Select One	Guardianship Status: Select One Select One Select One		
Contact Person:	Contact Clinician Telephone/pager:		
Facility Admitted From (if applicable):	Current DMH Facility: Select One Specify Other Facility:		
Attending Psychiatrist:	Attending Psychiatrist telephone/pager:		
Current Privilege Level:	Privilege Level (or Discharge) Being Considered:		
Restricted to Buildings and Grounds per Court Order: Select One	Bail Mittimus: Select One		
Area of Tie:	Site:		

Reason for this assessment:

- ☐ Required pursuant to Policy #10-01R:
Indicate charge (s), date of each charge, and outcome of each charge:
If Level 3 Sex Offender note the underlying charge(s) with date(s)
- ☐ Elective: Specify reason (most serious violence):
- ☐ ECR: Specify ECR Violence Trigger:

Brief chronology of the current period of institutionalization/hospitalization. (Include legal status, admission dates, transfer dates, changes in privilege level). If this referral is for an ECR only, you may indicate where in the medical record this information is available or provide a brief summary here.

School Data

If this referral is for an ECR only, you may indicate in the additional comments section where in the medical record it can be found, and not repeat it here.

Highest Grade Obtained		If not high school graduate, GED?	Select One
Grade Failure	Select One	Suspensions	Select One
Fighting	Select One	Expulsions	Select One
Truancy	Select One	Was teased/Bullied	Select One
Intelligence	Select One	Special Education	Select One
Additional Comments:			

IQ Test (most recent)

If this referral is for an ECR only, you may indicate in the additional comments section where in the medical record it can be found, and not repeat it here.

Check if no IQ test available: ☐

Test Name	VIQ Test Score	PIQ Test Score	FSIQ Test Score	Test Date
Additional Comments:				

Significant learning disabilities or developmental delays: Select One

If yes, describe:

Employment and/or Military History

If this referral is for an ECR only, you may indicate in the additional comments section where in the medical record it can be found, and not repeat it here.

Longest employment:	Military service: Select One
History of employment problems (explain):	If yes, type of discharge:
	Performance in military:
	Combat exposure: Select One
Additional Comments:	

Relationship History

If this referral is for an ECR only, you may indicate in the additional comments section where in the medical record it can be found, and not repeat it here.

Ever married: Select One	Long-term intimate relationships other than marriage: Select One
If yes, how many time(s):	Unstable or conflictual (intimate) relationship pattern: Select One
Number of Children:	Explain unstable/conflictual relationship pattern :
Additional Comments:	

Drug and Alcohol History

If this referral is for an ECR only, you may indicate in the additional comments section where in the medical record it can be found, and not repeat it here.

If no history of drug or alcohol abuse, check here and go to Psychiatric/Behavioral History and Current Status: ☐

Drugs	Age First Use	Date Last Used	Patient's Age During	For Period of Highest Rate of	For Period of Highest Rate of	Related to Arrests?	Associated with Violence?	Associated with Employment or Social
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	Period of Highest Use	Use: Frequency of Use	Use: Usual Amount?			Select One	Select One	Impairment (if yes, describe below)
Alcohol						Select One	Select One	Select One
Marijuana						Select One	Select One	Select One
Cocaine						Select One	Select One	Select One
Opiates						Select One	Select One	Select One
Stimulants						Select One	Select One	Select One
Hallucinogens						Select One	Select One	Select One
Inhalants						Select One	Select One	Select One
Benzodiazepines						Select One	Select One	Select One
Other:						Select One	Select One	Select One
Additional Comments:								

Type of Intravenous Drug Use:

Pattern of use prior to current period of institutionalization:

Number of s. 35 commitments:

Past Substance Use Treatment including detoxification admissions (describe):

Describe employment or social impairment associated with Alcohol / Drug use:

Psychiatric / Behavioral History and Current Status

	Prior Inpatient History Of	Community History Of	During Current Hospitalization
Non-adherence to Treatment recommendations	Select One	Select One	Select One
Hospital AWA/Non-adherence to privileges	Select One	Select One	Select One
Cognitive Deficits	Select One	Select One	Select One
Drug use/ Alcohol use	Select One	Select One	Select One
Problematic Sexual Behavior	Select One	Select One	Select One
Threatening/Intimidating Behavior	Select One	Select One	Select One
Assaultive Behaviors	Select One	Select One	Select One
Suicide Attempts	Select One	Select One	Select One
Seclusion and Restraints	Select One	Select One	Select One
Additional Comments:			

Rapid Deterioration after Discharge: Select One	Age at first psychiatric hospitalization:
Number of psychiatric hospitalizations (other than Bridgewater State Hospital):	History of traumatic brain injury affecting cognitive, psychiatric and/or behavioral presentation (please describe):
Number of hospitalizations at Bridgewater State Hospital:	
Additional Comments:	

Does the client have a history of any of the following:

Paranoid delusions: Select One	Violent fantasies: Select One
Command hallucinations: Select One	
Additional Comments:	

Current Diagnoses:

Axis I:
Axis II: (include personality traits)
Axis III:
Axis IV:
Axis V:
If other diagnoses have been offered previously, list:

Current Psychiatric Presentation

At the time of this assessment, does patient exhibit any of the following:

Command Hallucinations: Select One	Depression: Select One
Other Hallucinations: Select One	Dementia: Select One

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Thought Insertion/Control: Select One	Delirium: Select One
Paranoid Delusions: Select One	Neurological Deficits: Select One
Grandiose Delusions: Select One	Akathisia: Select One
Violent Fantasies: Select One	Command Hallucinations: Select One
Hyperactivity/Mania: Select One	
Other (specify):	
Additional Comments:	

Current medications:

Psychopathy Checklist Score if available: PCL: SV PCL-R

Escape from Confinement (Correctional or treatment, including Juvenile): Select One

Non adherence to hospital privileges: Select One

Failure to comply with Rogers Order: Select One

If yes to any of the above, describe:

OTHER SIGNIFICANT RISK RELATED HISTORY

[Use best information available: note any discrepancies or inconsistencies in Comments box below]

History Data: Before Age 18		History Data: Age 18 And Above	
Victim of Sexual Abuse:	Select One	Victim of Sexual Abuse:	Select One
Victim of Physical Abuse:	Select One	Victim of Physical Abuse:	Select One
Witness to Physical Abuse:	Select One	Witness to Physical Abuse:	Select One
Unstable Parental Situation:	Select One		
Runaway From Home:	Select One		
Preoccupation with public figures: Resulted in Criminal Charges:	Select One Select One	Preoccupation with public figures: Resulted in Criminal Charges:	Select One Select One
Patient Abused Siblings: Resulted in Criminal Charges:	Select One Select One		
Cruelty to Animals:	Select One		
Fire Setting Behaviors: Resulted in Criminal Charges:	Select One Select One	Fire Setting Behaviors: Resulted in Criminal Charges:	Select One Select One
Stalking Behavior: Resulted in Criminal Charges:	Select One Select One	Stalking Behavior: Resulted in Criminal Charges:	Select One Select One
Assaultive/Violent Behavior: Resulted in Criminal Charges:	Select One Select One	Assaultive /Violent Behavior: Resulted in Criminal Charges:	Select One Select One
Problematic Sexual Behaviors: Resulted in Criminal Charges:	Select One Select One	Problematic Sexual Behaviors: Resulted in Criminal Charges:	Select One Select One
Use/Possession of Weapons: Resulted in Criminal Charges:	Select One Select One	Use/Possession of Weapons: Resulted in Criminal Charges:	Select One Select One
Institutional /Placement? If Yes, specify [DYS, DCF, Foster Care]:	Select One Type of Institutional/ Placement:		
Age at time of first violent Incident:			
Additional Comments:			
For any yes above indicate date(s) and brief description(s) of relevant incident(s) EXCEPT for the IFRA or ECR triggering charges , which will be detailed in a later section:			
Other behaviors of concern (brief description and date/s):			

Weapon Use (check all that apply) ☐ Firearms ☐ Knives ☐ Clubs/Bats/Blunt Object

☐ Other (describe):

History of violence resulting in injury to other(s): Select One

If yes describe each victim, e.g. gender, age relationship to patient, nature of injury, any other unusual characteristics of victim:

Most serious degree of injury to victim: (describe):

Have offenses/violent behaviors been associated with active psychiatric symptoms, substance use, medication non-compliance, and other significant mental status findings? (Describe):

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Description Of Offense(s)/Alleged Offense(s)/Violent Incidents

Description of offense(s) /alleged offenses pursuant to Policy #10-01R or the violent behavior(s) that triggered the ECR from sources other than the patient (e.g., police report, criminal responsibility or other forensic report, medical record, family member account, other collateral account). Include information regarding mental status and/or substance use at time, and list collateral sources being cited) If the ECR was initiated because the patient was committed to Bridgewater for treatment but there is no significant history of violence this section may be marked not applicable.

Description of offense(s) /alleged offenses pursuant to Policy #10-01R or the violent behavior(s) that triggered the ECR from patient's current account: (Highlight any discrepancies with collateral information and with previous patient accounts if known). If offense(s)/alleged offense(s) involved victim(s), describe current thoughts, fantasies, and relationship to those persons. If the ECR was initiated because the patient was committed to Bridgewater for treatment but there is no significant history of violence this section may be marked not applicable.

Describe degree of current insight into factors that contributed to violent behavior Focus on patient's appreciation of how mental illness and/or substance abuse, as well as situational variables were related to violent behavior; Also comment on attitudes toward general antisocial behaviors, if any. If the ECR was initiated because the patient was committed to Bridgewater for treatment but there is no significant history of violence this section may be marked not applicable.

Treatment Planning

Describe any cultural factors of relevance that should be taken into account (e.g., grew up in violent sub-culture, refugee, gang involvement, exposure to war or other atrocities):

List risk factors that are, or have been, associated with violence for this patient:

List any additional strengths and protective factors that relate to violence risk for this patient:

Violence risk formulation and mitigation analysis (ECR ONLY):

Violence Risk intervention recommendations (ECR ONLY):

If treatment team is recommending unsupervised privileges, any off-grounds privileges or discharge:

1). Describe the nature of privileges and/or discharge plan being considered,

2). Explain how risk factors associated with violence have changed or been addressed in treatment to allow for this level of privilege or discharge. If this is for an ECR only, omit this section (refer to Violence Risk formulation and mitigation above).

List all sources of information considered important for risk analysis utilized to complete this referral form:

Print Name/Title (of person/s completing form):	Phone Number:	Date:
Name/Title of Attending Psychiatrist or Psychiatric Clinical Nurse Practitioner (if different from above):	Phone Number:	Date:
Signature (of person completing form):	Date:	
Signature of Attending Psychiatrist (if different from above):	Date:	