

# CDNI Care

## Clinical Risk Assessment

Note that WHS risks are considered in the WHS Walk Around Risk Assessment Checklist. This form should be read with the Client Intake Form.

Your Details	
Client First Name:	
Client Last Name:	
Client Date of Birth:	

Representative or Emergency Contact Details	
First Name	
Last Name	
Relationship to Client	

About you	
Living Situation	<input type="checkbox"/> Own home (alone) <input type="checkbox"/> Own Home (with family) <input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____
Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Client have a current Behavioural Support Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Formal Diagnosis	
Secondary Formal Diagnosis	
Any allergies? If yes please provide below	

Approved By:	The board of CDNI Care Pty Ltd	Version	1
Approval Date:	June 2020	Next Scheduled Review	June 2022

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<p><b>Medical diagnosis and medicine that may affect the support provided</b></p>	
<p><b>Name and contact number for Client's Doctor</b></p>	
<p><b>Any legal issues that may affect service eg. Apprehended Violence Order</b></p>	

<p><b>Communication</b></p>	
<p><b>Type</b></p>	<p> <input type="checkbox"/> Verbal  <input type="checkbox"/> Non-Verbal  <input type="checkbox"/> Communication aids required  <input type="checkbox"/> Other: _____         </p>
<p><b>Is the Client of a culturally or linguistically diverse background?</b></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </p>
<p><b>Languages Spoken</b></p>	<p> <input type="checkbox"/> English  <input type="checkbox"/> Other: _____         </p>
<p><b>Is an Interpreter required?</b></p>	<p> <input type="checkbox"/> No  <input type="checkbox"/> Hearing Impaired  <input type="checkbox"/> Language         </p>

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Mental Health			
I have/experience...			
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Psychosis	<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Bipolar	<input type="checkbox"/>	Other
What are your thoughts?			
What are you feeling?			
What happened?			
Triggers?			
How did you react?			
What activities can I do to soothe myself?			
Reasons for living			
People who I can ask for help			
I would like CDNI Care to help me manage this by...			

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I am supported/linked with the following organisations who assist me... (Please supply relevant management plans.)	
<input type="checkbox"/>	I have received medical support to assist me and CDNI Care has a copy of any relevant management plans to help me manage.

<b>Physical Health</b>			
I have...			
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Sleep Apnoea
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Dietary Needs
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Blood Disorders
<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Cognitive Impairment	<input type="checkbox"/>	Heart Conditions
<input type="checkbox"/>	Allergies to:		
<input type="checkbox"/>	Other:		
I would like CDNI Care to help me manage this by...			
<b>Please supply CDNI Care with relevant management plans prior to commencing programs.</b>			

<b>Professionals and agencies I can contact</b>	
<b>Crises lines:</b>	
<b>Emergency services:</b>	
<b>Languages Spoken</b>	
<b>Is an Interpreter required?</b>	

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<b>Practical Support Needs</b>			
Check the boxes which best represent you and your support needs...			
<b>Behaviour</b>	I can do independently	I need a little help	I cannot do independently
Traffic awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying with the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being aware of personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping my hands to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling safely in a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming and safety around water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can handle my own spending money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable in my sleeping routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDNI Care can assist me by...			
<input type="checkbox"/>	I have provided CDNI Care with any relevant behaviour plans for assisting me when required.		

<b>A bit about you and your goals</b>	
To help us understand you better, please fill the below:	
	My strengths are (what I am good at)...
	I like...

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	I don't like... (please include any sensory considerations)	
	You will know when I am happy by...	
	You will know when I am unhappy by...	
	I prefer to communicate by...	

Risks	Comments	Strategies	Who is responsible?	Monitor and Review
<i>E.g. Does the client have a history of dangerous behaviours (absconding, hoarding, fire risk, drugs, alcohol, smoking)</i>				
<i>E.g. Is the client independent and can participate in domestic and personal activities safely</i>				
<i>E.g. Does the client understand the consequences of these risks</i>				
<i>Note all risks perceived through discussion and assessment</i>				

Commitment
Make a commitment to your safety plan. This means promising yourself that you will implement your plan if you need to. The commitment could also involve promising (out loud) to a family member, friend, or professional that you will follow your plan.