

LHT Risk Assessment Form

Client Name: _____

Date of Birth: _____

Agency : _____

NINO : _____

1: Type of risk (Tick as many as apply)

Schedule 1 Dangerous Offender MAPPA 1,2,3 client	<input type="checkbox"/>	History of rape or sexual assault	<input type="checkbox"/>
Verbal abuse	<input type="checkbox"/>	Accidental fire setting	<input type="checkbox"/>
Aggressive or intimidating behaviour	<input type="checkbox"/>	Arson	<input type="checkbox"/>
Physical aggression/violence	<input type="checkbox"/>	Risk to self (deliberate self harm, neglect etc)	<input type="checkbox"/>
Non-Cooperation with staff	<input type="checkbox"/>	Risk to Others	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Risk of abuse from others	<input type="checkbox"/>
Substance misuse	<input type="checkbox"/>	Lone working considered unsafe	<input type="checkbox"/>
Street activity	<input type="checkbox"/>	Female lone working considered unsafe	<input type="checkbox"/>
Offending or anti-social behaviour	<input type="checkbox"/>	Hoarding	<input type="checkbox"/>
Damage to property	<input type="checkbox"/>		<input type="checkbox"/>

Please use the space below to specify any risk factors linked to the above behaviours:

2: Detail of risk (Include details of last know incident & frequency of risk)

3: Who is at Risk? (Tick as many as apply and provide details in the space provided)			
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Client		Neighbours	
Staff		Contractors	
Visitors		Specific individual(s) (specify)	

4: Assessment of Risk			
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High – Review at least monthly.		Low – review at least every six months	
Medium – Review at least every two months		No known risk	

5: Risk Assessment Action Plan	
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Triggers / behaviour to be aware of for offending or anti-social behaviour	
What to do to manage risk (feed into support plan)	What to do if major risk to self or others? (e.g. who to contact)

6. How long have you known the client?	
7: Is client aware of the assessment?	YES / NO

Completed By: _____

Date: _____