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| **Person’s legal name:** |  | **Date of last update:** |  |

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| **HEALTH AND MEDICAL** | No risk identified in this section (skip to next section) | | | | |
| 1. **Aspiration** (check all that apply) | | **Yes** | **Possible** | **No** | **History** |
|  |  |  |  |
| a. Diagnosis of dysphagia, or has been identified to be at risk for Aspiration by a qualified medical professional  b. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica  c. Has a feeding tube  d. Diagnosed with gastroesophageal reflux (GER) and the physician has identified the person at risk of Aspiration  e. Complains of chest pain, heartburn, or have small, frequent vomiting (especially after meals) or unusual burping (happens frequently or sounds wet) and the physician has identified the person at risk of Aspiration  f. Someone else puts food, fluids, or medications into this person’s mouth | | | | | |
| |  | | --- | | ***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of Aspiration. (Check all that apply)***  g. Food or fluid regularly falls out of this person’s mouth  h. Coughs or chokes while eating or drinking (more than occasionally)  i. Drools excessively  j. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication  k. Regularly refuses food or liquid (or refuse certain food/liquid textures)  l. Needs his/her fluids thickened and/or food texture modified  m. Eats or drinks too rapidly | | ***Evaluation results:***Risk present  No risk  Other (see comments) | | | | | | |
| **Comments related to Aspiration risk:** | | | | | |

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| 1. **Dehydration** (check all that apply) | **Yes** | **Possible** | **No** | **History** |
|  |  |  |  |
| a. Asks for or routinely requires assistance to get something to drink  b. Receives fluids through a tube  c. Required intravenous (IV) fluids due to dehydration in the past year | | | | |
| |  | | --- | | ***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of Dehydration. (Check all that apply)***  d. Takes medication known to cause dehydration and this person would not recognize or communicate if he/she were dehydrated  e. Coughs or chokes while eating or drinking (more than occasionally)  f. Drools excessively  g. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication  h. Regularly refuses food or liquid (or refuses certain food/liquid textures)  i. Needs his/her fluids thickened and/or food texture modified | | ***Evaluation results:***Risk present  No risk  Other (see comments) | | | | | |
| **Comments related to Dehydration risk:** | | | | |

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| 1. **Choking** (check all that apply) | **Yes** | **Possible** | **No** | **History** |
|  |  |  |  |
| a. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica | | | | |
| |  | | --- | | ***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of Choking. (Check all that apply)***  b. Eats or drinks too rapidly  c. Stuffs food into his/her mouth  d. Coughs or chokes while eating or drinking (more than occasionally) | | ***Evaluation results:***Risk present  No risk  Other (see comments) | | | | | |
| **Comments related to Choking risk:** | | | | |

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| 1. **Constipation** (check all that apply) | **Yes** | **Possible** | **No** | **History** |
|  |  |  |  |
| a. Takes routine bowel medications for constipation or has taken “as needed” (prn) medications for constipation more than two times a month within the past year (do not include fiber)  b. Required a suppository or enema for constipation within the past year | | | | |
| |  | | --- | | ***If the person experiences any of the following symptoms, a current evaluation by a qualified professional is expected to determine if the person is at risk of Constipation.(Check all that apply)***  c. Has had more than one episode in the past year of complaining of pain when moving his/her bowels  d. Has had more than one known episode of hard stool in the past year  e. Takes a medication that causes constipation and this person would not recognize or communicate if he/she were constipated | | ***Evaluation results:***Risk present  No risk  Other (see comments) | | | | | |
| **Comments related to Constipation risk:** | | | | |

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| 1. **Seizures** (check all that apply) | **Yes** | **Possible** | **No** | **History** |
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| a. Has a diagnosis of seizures or epilepsy and/or had a seizure within the past five (5) years  b. Takes medication to control seizures and/or has taken medication to control seizures within the past five (5) years  c. Has had a seizure in the past year. *Address safety precautions e.g. driving, water safety, bicycle use, safety equipment, etc.* | | | | |
| **Comments related to Seizure risk:** | | | | |

|  | **Yes** | **Possible** | **No** | **History** |
| --- | --- | --- | --- | --- |
| 1. **Unsafe medication management:** At risk of serious harm as a result of misuse of medication, medication overdose, frequently missing a medication dose, or lifestyle choices that conflict with medications (diet, supplements, alcohol, other drugs or medications, etc.) |  |  |  |  |
| 1. **Complications of Diabetes:** Has a diagnosis of Pre-Diabetes or Diabetes |  |  |  |  |
| 1. **Complications associated with** *(list type of tube or ostomy)***:** Has an ostomy or tube, such as a urinary catheter, colostomy, etc. |  |  |  |  |
| 1. **Unreported pain or illness:** Does not report or is unable to describe pain, signs of illness, or where it is located |  |  |  |  |
| 1. **Lack of access to medical care:** Transportation, geographical, financial, cultural, or other (non-behavioral) reasons exist that prevent medical care |  |  |  |  |
| 1. **Injury due to falling:** Needs support to avoid an injury due to falling. Consider risk due to mobility or transfer support needs |  |  |  |  |
| 1. **Other serious health or medical issues:** Consider any other important, serious health or medical issues. List specific additional risk(s): |  |  |  |  |

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| **Comments related to other Health or Medical risks:** |

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| **SAFETY** | No risk identified in this section (skip to FINANCIAL section) |

|  | **Yes** | **No** | **Possible** |
| --- | --- | --- | --- |
| 1. **Water temperature safety:** Needs any support to adjust water temperature to avoid scalding |  |  |  |
| 1. **Fire evacuation safety:** Needs any assistance to evacuate when a fire or smoke alarm sounds |  |  |  |
| 1. **Household chemical safety:** Needs any support to avoid serious injury from household chemicals |  |  |  |
| 1. **Vehicle safety:** Needs any assistance to remain safe around traffic, while getting in or out of a vehicle, or while riding in vehicles |  |  |  |
| 1. **Court-mandated protection:** Someone else has a court-mandated condition or restriction against them to address this person’s safety (e.g. protective orders or restraining orders to keep this person safe).   If yes, list court order and date: |  |  |  |
| 1. **Significant risk of exploitation:** Evidence, signs, or circumstances of significant increased risk of abuse or exploitation |  |  |  |
| 1. **Enters into contracts that he/she may not be able to complete:** Consider the person’s capacity to make an informed decision about contracts or agreements he/she enters into. |  |  |  |
| 1. **Safety and cleanliness of the residence:** Conditions within the residence may lead to injury, illness, eviction, or significant loss of property. |  |  |  |
| 1. **Other safety issues:** Consider any other important, serious safety issues at home or in any other setting (e.g. workplace equipment, bullying, harassment).   List specific additional safety risk(s): |  |  |  |

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| **Comments related to Safety risks:** |

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| **FINANCIAL** | No risk identified in this section (skip to MENTAL HEALTH section) |

|  | **Yes** | **Possible** | **No** | **History** |
| --- | --- | --- | --- | --- |
| 1. **Potential for financial abuse:** Complaints or evidence of significant increased risk of financial exploitation (e.g. provider organization staff or Foster provider handle the person’s money, frequently loans money or property to others, bills are unpaid, etc.) |  |  |  |  |

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| **Comments:** |

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| **MENTAL HEALTH** | No serious risk identified in this section (skip to BEHAVIOR section) | | | | |
|  | | **Yes** | **Possible** | **No** | **History** |
| 1. **Mental Health:** Needs support managing or coping with mental health | |  |  |  |  |
| 1. **Suicide:** Engages in suicidal ideation, attempts, gestures, or threats  |  | | --- | | ***A current evaluation by a qualified professional is expected to determine if the person is at risk of Suicide.*** | | ***Evaluation results:***Risk present  No risk  Other (see comments) | | |  |  |  |  |
| 1. **Other mental health issues:** Consider any other important, serious mental health issues, such as past trauma, addiction, etc.   List specific additional mental health risk(s): | |  |  |  |  |

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| **Comments:** |

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| --- | --- |
| **BEHAVIOR** | No risk identified in this section. |

|  | **Yes** | **Possible** | **No** | **History** |
| --- | --- | --- | --- | --- |
| 1. **Physical aggression:** Engages in behavior that is aggressive toward others |  |  |  |  |
| 1. **Self-Injury:** Engages in behavior that presents an immediate risk of tissue damage to the person, or any behavior that, if continued, presents a significant risk of tissue damage to the person in the near future. Self-injurious behavior may refer to any behavior that can cause tissue damage, such as bruises, redness, and open wounds. |  |  |  |  |
| 1. **Property destruction:** Engages in property destruction |  |  |  |  |
| 1. **Leaving supervised setting:** Leaves or attempts to leave supervised settings and is unsafe to do so |  |  |  |  |
| 1. **Unsafe use of flammable materials:** Engages in the unsafe use of flammable materials |  |  |  |  |
| 1. **Substance abuse:** Abuse of alcohol or illegal drugs |  |  |  |  |
| 1. **Illegal behavior:** Engages in any behavior that violates federal, state, or local laws |  |  |  |  |
| 1. **Court-mandated restrictions:** Has any court mandated conditions or restrictions resulting from this person’s behavior. If yes, list court order and date: |  |  |  |  |
| 1. **Ingesting non-edible objects:** Ingests non-edible objects or has a diagnosis of pica |  |  |  |  |
| 1. **Non-edible objects in mouth:** Places non-edible objects in his/her mouth that may cause poisoning, aspiration or choking |  |  |  |  |
| 1. **Refusing medical care:** Refused medical services, treatments, or medications or has required mechanical, physical, or chemical restraint to receive medical services or mental health care in the past year. Consider the person’s capacity to make an informed decision. |  |  |  |  |
| 1. **Extreme food or liquid-seeking behavior:** Seeks, grabs, or stuffs food or consumes liquid in a manner that could cause harm. For example, for a person without teeth, it may mean that they will grab food that they cannot safely chew.  |  | | --- | | ***A current evaluation by a qualified professional is expected to determine if the person is at risk of extreme food or liquid-seeking behavior.*** | | ***Evaluation results:***Risk present  No risk  Other (see comments) | |  |  |  |  |
| 1. **Illegal or high risk sexual behavior:** Engages in unsafe sexual behavior such as approaching others for sexual behavior that is unwanted/non-consensual; grabbing others’ genitals; touching others’ breasts; solicitation for sexual activity; unprotected sex with strangers; any of the following exhibited publicly: masturbation, fondling others, fondling self, talking about sexual activity or using sexual language, or walking into an area disrobed. |  |  |  |  |
| 1. **Undesirable sexual behavior:** Engages in sexual behavior that is not illegal but socially undesirable. Including: Touching paid providers in a sexually suggestive manner, soliciting sexual activity from paid providers or other professionals in their life, socially undesirable use of sexual language/talking about sexual activity, masturbating/fondling self in common areas of shared housing. |  |  |  |  |
| 1. **Harm to animals:** Engages in behavior that is harmful to animals |  |  |  |  |
| 1. **Use of objects as weapons:** Uses weapons or objects in an attempt to injure self or others |  |  |  |  |
| 1. **Unsafe social behavior:** Consider internet / texting / webcam / media safety risks, lack of awareness of boundaries with strangers, etc. Engages in behaviors that place the person at risk of being victimized or engages in behaviors that place others at risk of being exploited. Consider bodily safety and social interactions with strangers. |  |  |  |  |
| 1. **Other behavior issues:** Consider any other important, serious behavior issues at home or in any other setting.   List specific additional behavior risk(s): |  |  |  |  |

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| **Comments:** |

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| **EVALUATIONS** | List any evaluations that were used to determine presence or absence of a risk. |

| **Risk(s)** | **Type of evaluation** | **Evaluation date** | **Has condition changed since evaluation?** | **Where evaluation is kept** |
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| **CONTRIBUTORS** |  |

| **Name** | **Title/Relationship** | **Name** | **Title/Relationship** |
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