

## VIOLENCE RISK ASSESSMENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Team: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

<b>Previous Violence</b>	No		Yes	
<b>HX of Violence at a Young Age</b>	No		Yes	
<b>Relationships</b>	Stable		Chaotic	
<b>HX of Substance Abuse</b>	No		Yes	
<b>Mental Illness</b>	No		Yes	
<b>Psychopathy</b>	No		Yes	
<b>Negative Attitudes</b>	No		Yes	
<b>Active Symptoms of Mental Illness</b>	No		Yes	
<b>Anger and Impulsivity</b>	No		Yes	
<b>Hyper Vigilance</b>	No		Yes	
<b>Irrational Plans</b>	No		Yes	

<b>Expressed Intent</b>	No		Yes	
<b>Presence of Weapons</b>	No		Yes	
<b>Presence of Alcohol or Drugs</b>	No		Yes	
<b>Presence of Potential Victim</b>	No		Yes	
<b>Sleep Disturbances</b>	No		Yes	
<b>Socioeconomic Status</b>	Middle/High		Low	
<b>Education Level</b>	Moderate/High		Low	
<b>Recent Loss</b>	No		Yes	
<b>Neurological Impairment</b>	No		Yes	
<b>Increasing pattern of violence</b>	No		Yes	

**OVERALL RISK ASSESSMENT FOR VIOLENCE**

**LOW**

**MEDIUM**

**HIGH**