

Patient Risk Assessment Framework

Patient Name: _____

Date: _____

Is there a disorder that might affect decision-making ability?	If no - STOP	Diagnosis: MMSE: /30 Other information:		
What are the <u>actual</u> current risks?	List	Old or new? Imminent risk?	What have been the consequences?	What least restrictive means have been tried?
Are the risks intolerable? a) Risk has increased due to recent changes b) Person has suffered actual harm c) Person engaging in risky behaviour they would normally have avoided d) Exposes others to risk of harm		Explain:		

Whose interests are being served?	Patient's view:	Advanced directives / Power of Attorney	Caregivers / SDM
What intervention is recommended to deal with risk?			
Is formal capacity assessment required?	Type:	Expected results:	

Patient Care Resources and Duration/Nature of Contact
 (family or other caregiver, formal caregiver – CCAC, physician, assessments – SGS)

- 1.
- 2.
- 3.
- 4.
- 5.