

RISK ASSESSMENT

NAME OF PERSON COMPLETING FORM _____

NAME OF CLIENT _____

QUESTION	YES	NO	COMMENTS / RISKS
Does anyone have a history of violence?			
Does anyone use drugs or alcohol?			
Does anyone's mental ill health pose a risk?			
Does anyone lose their temper easily?			
Can you park outside the property?			
Is the property in a block of flats?			
Are there any risks walking from the car to the property?			
Is a lone visit appropriate?			
Are there any other risks we should be aware of?			
Are there any cultural customs of the family that we need to be aware of when visiting the family home?			
Any other Comments			