

Risk Assessment Cont. : (circle appropriate responses)

Potential Danger to Self Yes No

Based on current behaviors or history: _____

If yes, Suicidal Ideation Yes No

If yes, Plan Yes No

Self Mutilation Yes No

If plan, describe plan/lethality/risk factors:

Does client/guardian report access to lethal means of self injury? Yes No

Details: _____

Does client/guardian report ability/support system to maintain safety? Yes No

Potential Danger to Others Yes No Based on Current behaviors or history explain:

If yes, homicidal Ideation Yes No

If yes, Plan Yes No

Self Mutilation Yes No

If plan, describe plan/lethality/risk factors:

Does client/guardian report access to lethal means of harming others? Yes No

Does client/guardian report ability/support system to maintain safety? Yes No

Does this individual have a psychological evaluation? Yes No

Have they been seen by a Psychiatrist or a Family Practitioner? (please circle one)

If so, is there a psychiatric evaluation? Yes No

Are they on any psychotropic medications? Yes No

Is there a Psychiatrist following their progress? Yes No

DIAGNOSES:

Agree with Diagnoses Obtained from Previous Assessment: Yes No

(Provide New Diagnoses or revise original one)

Disposition:

_____ Appropriate for treatment at Trinity Equestrian Center's Healing With Horses.

_____ Agree with goals listed in Treatment Plan, dated _____ provided by referring agency (see attached primary Treatment Plan listing client goals to be addressed via Trinity Equestrian Center's Healing With Horses.

_____ Not appropriate for treatment at Trinity Equestrian Center's Healing With Horses due to the below reasons:

Alternative Recommendations Offered: _____

Clinician

Date