

Clinical Risk Assessment and Management in the Community (CRAAM-C)

ATTACH LABEL OR RECORD PATIENT DETAILS				
LOCAL UR		MH UR		
NAME				
ADDRESS				
PHONE		DOB		SEX

GENERAL VULNERABILITY	Y/N/U	Comments (state if static or dynamic)
Intellectual disability/cognitive impairment		
Sexual vulnerability (cultural/gender/preference/disinhibition/risk taking etc...)		
Childhood abuse/maladjustment/sexual abuse		
Exploitation		
Self-neglect (eating/drinking/self care etc...)		
Medication (polypharmacy/non-compliance/side effects)		
Infectious Diseases (please update hospital alerts form according to hospital policy and procedure)		
Homelessness		
Driving (current licence/medication risk/substance use/suicidal/homicidal/driving offences)		
Transition of care (deterioration risk at transition, follow up appt. & with whom)		

DYNAMIC RISK		
SUICIDE	Y/N/U	Comments
Expressing suicidal ideas		
Has plan/intent		
Expressing high levels of distress		
Hopelessness/perceived inability to cope		
Substance abuse		
Loss of job/retirement/role loss		
Recent significant life events		
SELF HARM	Y/N/U	
Actual or thoughts of self harm		
RISK TO OTHERS	Y/N/U	
Actual or thoughts to harm others		
Actual or thoughts of recent aggression		
Access to weapons including firearms		
Homicidal ideation		
Child Protection Service (CPS) report required	Yes/No	
Willingness to engage with the service	Poor/Ambivalent/Good	

FALLS RISK SCREEN	Y/N/U
History of falling in the past 6 months	
Sensory impairment (sight impaired/hearing impaired etc)	
Ambulation/transfer with assistance required	
Dizziness causing balance problems, or postural hypotension, or unsafe gait, or recent medication changes or medical deterioration	
If 'yes' to any of above, consumer is considered 'high' falls risk. Community/Residential: refer to GP (refer to NWMH Falls procedure)	

NUTRITION RISK SCREEN				
Weight (kg)		Height (cm)		BMI (kg/m ²)
If not managed by a GP and answer is yes to any of the questions below refer to GP/Dietician/Other relevant service				Y/N
Is the consumer currently managed by a GP?				
Does the consumer have newly diagnosed or unstable diabetes?				
Has the consumer had limited or no nutrition for >5 days and have a recent history of alcohol or drug abuse?				
Has the consumer lost weight in the last 3 months recently without trying?				
Is the BMI < 20 kg/m ² ?				
If 'yes' to any of above, consumer is considered 'high' nutrition risk. Community/Residential: refer to GP (refer to NWMH Risk Screening Matrix)				

STATIC		
SUICIDE	Y/N/U	Comments
Previous attempts (If yes, state number and lethality)		
Family history of suicide		



NWMH289

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Major psychiatric diagnosis	
Serious medical condition	
Separated/widowed/divorced	
Relationship breakdown/peer conflict	
Loss of job/retirement/role loss	
SELF HARM	Y/N/U
History of self harm	
RISK TO OTHERS	Y/N/U
Previous incidents of violence	
Previous use of weapons	
History of police charges or court convictions for violent offences	
History of predatory behaviour	
Verbal aggression / intimidating behaviour	
Substance Use	
Subject of an Intervention Order (currently/previously)	

RISK HISTORY

IDENTIFIED ALERTS

IMPORTANT: Please refer to medical record for existing alerts. Additional identified alerts must be recorded on the relevant hospital **Alerts Form** according to auspicing hospital policy and procedure

RISK MANAGEMENT PLAN

Consider protective factors, collateral and corroborating information
(factors that reduce the likelihood of a negative outcome, eg. supports, familial factors; information from other sources eg- family, Police etc)

HOME VISIT OH&S RISK	Y/N/U	Specify
No home visits without police		
Two clinicians required		
Environment/Living situation		
Others on premises who may jeopardise staff safety		
Animals on premises which may jeopardise staff safety		
Weapons or firearms on premises		

Clinician Name (<i>print</i>)	Designation	Signature	Date	Time
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