

# Helen Mayo House

## Referred Client Update Form

Date:

Client name: \_\_\_\_\_ Client contact: (ph) \_\_\_\_\_ (m) \_\_\_\_\_

Referrer name: \_\_\_\_\_ Client contact: (ph) \_\_\_\_\_ (m) \_\_\_\_\_

## Updated information

### Progress report

*Please describe any change in the client's mental state, crisis situation and/or your reason(s) for concern.*

### Risk assessment

*Circle the relevant box for each domain (please refer over page for explanation of categories).*

<b>*Risk of harm to self</b>	None	Low	Moderate	Significant	Extreme
<b>*Risk of harm to others (including infant)</b>	None	Low	Moderate	Significant	Extreme
<b>*Level of problem with functioning</b>	None/mild	Moderate	Significant impairment in one area	Serious impairment in several areas	Extreme impairment
<b>*Level of support available</b>	No problems/highly supportive	Moderately supportive	Limited support	Minimal	No support in all areas
<b>*Attitude and engagement to treatment</b>	No problem/very constructive	Moderate response	Poor engagement	Minimal response	No response
<b>*Overall assessment of risk</b>	Low	Medium	High	Extreme	



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### Risk assessment guide

#### Risk of harm to self/others

<b>0. None</b> No thoughts or action of harm.	<b>1. Low</b> Fleeting thoughts of harming themselves or harming others but no plans/current low alcohol or drug use.	<b>2. Moderate</b> Current thoughts/distress/past actions without intent or plans/moderate alcohol or drug use.	<b>3. Significant</b> Current thoughts/past impulsive actions/recent impulsivity/some plans, but not well developed/increased alcohol or drug use.	<b>4. Extreme</b> Current thoughts with expressed intentions/past history/plans/unstable mental illness/ high alcohol or drug use, intoxicated/violent to self/others/means at hand for harm to self/others.
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#### Level of problem with functioning

<b>0. None/Mild</b> No more than everyday problems/slight impairment when distressed.	<b>1. Moderate</b> Moderate difficulty in social/occupational or school functioning/reduced ability to cope unassisted.	<b>2. Significant impairment in one area</b> Either social, occupational or school functioning.	<b>3. Serious impairment in several areas</b> Social, occupational or school functioning.	<b>4. Extreme impairment</b> Inability to function in almost all areas.
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#### Level of support available

<b>0. No problems/Highly Supportive</b> All aspects/most aspects highly supportive/self/family/professional/effective involvement.	<b>1. Moderately Supportive</b> Variety of support available, able to help in times of need.	<b>2. Limited Support</b> Few sources of help, support system has incomplete ability to participate in treatment.	<b>3. Minimal</b> Few sources of support and not motivated.	<b>4. No support in all areas.</b>
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#### Attitude and engagement to treatment

<b>0. No Problem/Very Constructive</b> Accepts illness and agrees with treatment/new client.	<b>1. Moderate Response</b> Variable/ambivalent response to treatment.	<b>2. Poor Engagement</b> Rarely accepts diagnosis.	<b>3. Minimal Response</b> Client never cooperates willingly.	<b>4. No Response</b> Client has only been able to be treated in an involuntary capacity.
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#### For more information

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