Please fill this form for yourself only, regarding any issues relating to you

**Date of referral: Family Name:**

**Please complete the form below, filling in the box with either a X or ✓**

**Please ensure that any ✓’s are detailed overleaf**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Historical | Current | Included in risk assessment |
| Safeguarding children |  |  |  |
| Domestic Abuse |  |  |  |
| Actual or potential levels of conflict/hostility/anger between adults |  |  |  |
| Alcohol abuse |  |  |  |
| Drug/substance misuse |  |  |  |
| Mental health issues |  |  |  |
| Cultural issues |  |  |  |
| Religious issues |  |  |  |
| Medical condition adult/child |  |  |  |
| Physical impairments adult/child |  |  |  |
| Learning difficulties adult/child |  |  |  |
| Parenting skills |  |  |  |
| Community Contact |  |  |  |
| Risk of abduction |  |  |  |
| Parental alienation |  |  |  |
|  |  |  |  |

**Assessment Date:**

**Who/What is being assessed:**

|  |  |  |
| --- | --- | --- |
| **Hazard identified** | **Information provided by** | **Control measure** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Risk assessment completed by: Name ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**