

TDMHDD Dynamic Risk Assessment Checklist (RAC)

(to be completed by day 30, then by day 90, then at 3 month reviews, and whenever requesting a change of status, pass, transfer, furlough or discharge)

Legal status: <input type="checkbox"/> T.C.A. § 33-7-301(b) <input type="checkbox"/> T.C.A. § 33-7-303(a) <input type="checkbox"/> T.C.A. § 33-7-303(c) <input type="checkbox"/> other _____	Compliance/Cooperation with Treatment: <input type="checkbox"/> Good (Describe as needed) <input type="checkbox"/> Fair _____ <input type="checkbox"/> Poor _____ <input type="checkbox"/> None _____	Reason for Risk Assessment at this time: <input type="checkbox"/> Continued hospitalization <input type="checkbox"/> Pass <input type="checkbox"/> Change of status <input type="checkbox"/> Transfer <input type="checkbox"/> Furlough or Discharge
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Service recipient's name: _____

Time period reviewed (since last Risk Assessment): From ___/___/___ to ___/___/___

Current Axis I Diagnosis _____

Current Axis II Diagnosis _____

Dynamic Risk Factors *

+ ½ - N/I

- (1) Active substance use or desire/threats to use substances (type): _____
- (2) Active symptoms of a major axis I mental illness (list): _____
- (3) Command hallucinations to harm others (specify): _____
- (4) Clinically significant anger/agitation (specify): _____
- (5) Clinically significant impulsivity/disinhibition
- (6) Threats or urges to harm others (specify): _____
- (7) Recent (past month) violent act(s) toward people or property (specify): _____
- (8) Absence of insight into mental illness and/or the need for treatment
- (9) Present non-compliance with recommended treatment
- (10) Poor motivation in current and future treatment
- (11) Poor response to current treatment (after adequate trial)
- (12) Does not demonstrate an understanding of the warning signs for relapse of mental illness and addiction
- (13) Cannot plan for dealing with warning signs of relapse of mental illness and addiction
- (14) Unrealistic, inadequate, after-care plan (regardless of cause)
- (15) Unemployment

Dynamic Risk Assessment Checklist*

*Please consult the manual for scoring directions and guidelines. A "+" means the factor is present beyond a reasonable doubt; "-" means that the factor is absent beyond a reasonable doubt, "1/2" means that the factor is present based on a preponderance of evidence (more likely than not); "N/I" means there is insufficient information to score the factor.
 MH 5287 (Rev. 9/11)

	+	½	-	N/I	
(16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Little or no stable income/financial support
(17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absence of healthy, supportive social/interpersonal relationship(s)
(18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal living partners/anti-social peer group/family
(19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal attitudes/thinking
(20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinically significant psychosocial stressors (other than above stressors)
(21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High risk of exposure to destabilizing influences (specify): _____ _____
(22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability of and interest in weapons (specify): _____
(23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessibility of target victims (specify class(s)): _____
(24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior lifetime elopement(s) or attempt(s) to elope (specify): _____ _____

Other factors/comments:

Violence Risk Appraisal Guide Findings (NOTE: Update VRAG score if additional information has been obtained):

Recommendations:

- _____ Continuation of hospitalization at _____
- _____ Supervised pass to _____
- _____ Unsupervised pass to _____
- _____ Transfer to _____
- _____ Furlough to _____
- _____ Discharge to _____
- _____ Other _____

Members participating in the evaluation:

_____	-- Psychologist	_____
Signature, Discipline/Title		Date
_____	-- Psychiatrist	_____
Signature, Discipline/Title		Date
_____	-- _____	_____
Signature, Discipline/Title		Date

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