

Signposts Multi-Agency Resource Centre Limited

Risk Assessment – Home Visits

Client Name

Agency/Worker completing form

Date __ / __ / __

Was the assessment completed with the client? **YES** **NO**

	YES	NO	DON'T KNOW	DETAILS
Are there any health and safety issues at client's accommodation? (e.g. dogs; uneven paths; access and exit difficulties)				
How many people live at the accommodation?				
Does the client have a history of violence?				
Are there any associated risks with drug or alcohol misuse?				
Are there any associated risks with client's mental health needs?				
Any other identified risks?				

Office Use:
 Recommendations from risk assessment:

Lone visits

Visit with colleague

Visits at Signposts Information and Advice Centre/Family Links