



DHB_DHBType
DHB_FormName
DHB_Title

Date: LBL_Assessor

LBL_Legal

[Click for ADHB Client Assessment Business Rules](#)

[Click for CMDHB Client Assessment Business Rules](#)

Print Risk Only

LBL_TriageOutcome

LBL_InfoGathered

LBL_Limits
Yes No

Comment

LBL_Demographics

LBL_ModeReferral

LBL_CurrentCircumstance

LBL_Presenting

LBL_PastHistory

LBL_MedicalHistory

LBL_Personal

LBL_familyHistory

LBL_DrugAlc

LBL_KnownAlcDrugServices

LBL_substances

**Cannabis
Hallucinogens**

**Alcohol
Solvents**

**Methamphetamines
Opiates**

**Benzodiazepines
Tobacco**

NOTE: if a positive response is recorded consider completing a Drug and Alcohol Screen

Further screen required

Yes No

Are you a parent / caregiver for children aged (0-19)?

Yes No Not asked

NOTE: Child Name, DOB, and Gender are Mandatory Fields. Age is auto calculated (do not populate)Click the clear link to remove a line if entered in error.

Child name	DOB DD/MM/YYYY	Age	Gender	
			Gender	clear
			Gender	clear
			Gender	clear
			Gender	clear
			Gender	clear
			Gender	clear
			Gender	clear
			Gender	clear
			Gender	clear
			Gender	clear

LBL_MentalState

LBL_PhysicalExam

LBL_Medication

LBL_RiskAssessment

Risk to Others	Yes	No	To be clarified
Risk to Self	Yes	No	To be clarified
Forensic History	Yes	No	To be clarified
Risk from Others/Vulnerability - Current and Recent Risk Behaviours (including emotional, sexual, financial exploitation)	Yes	No	To be clarified
Risk from Environment (including housing, transport,	Yes	No	To be clarified

neighbourhood)

Medical Risk (including falls)

Yes

No

To be clarified

Family Violence (including partner violence and child protection issues)

Yes

No

To be clarified

Family Violence Routine Enquiry (for female clients aged 16+)**Screening Questions****Within the past year:**

- Did anyone scare you or threaten you or someone you care about?
- Did anyone ever try to control you, or make you feel bad about yourself?
- Have you been hit, pushed, shoved, slapped, kicked, choked or otherwise physically hurt?
- Has anyone forced you to have sex or do anything sexual, in a way you did not want to?

Routine enquiry completed?

yes

no

Disclosure of FV? (if yes complete the FV assessment)

yes

no

Referral to FV agency?

yes

no

LBL_PatternOfRisk

LBL_CurrentRisk

LBL_InternalFactors

LBL_SituationaFactors

LBL_FormulationRisk

LBL_GafTxt

LBL_impression_formulation

[Click here to see GAF scale](#)

Unknown

LBL_ImmediatePlan

[Click Here to send issues](#) related to this form;

book_IniService

Initial_Service

book_IniBusiness

Initial_Business

Initial_DHB

book_IniClinician

book_Inidate

book_aavSex

AAV2391hidSex

book_aavAge

AAV2391hidAge

variance