

**Client needs and risks identification form**

Client name:

**Physical observations/medical history**

**Is the client currently showing any signs of aggression e.g. spitting, swearing, hitting, punching?**

No  Yes

If yes, do not approach the client – first assess whether a medical and/or police response is required

**Does the client have any of the following symptoms?**

Please only tick the boxes below if you **observe** these symptoms.

- Cannot sit, stand or walk properly
- Unconscious and/or unable to be woken
- Becoming more vague and less sensible over time
- Serious injury, including head injury, bleeding in particular from the mouth or ears
- Other signs of injuries such as cuts or bruises
- Cannot stop vomiting, or vomits up blood
- Epileptic fit or fainting
- Asthma attack
- Difficult or noisy breathing, including crackling or wheezing
- Chest, head, stomach, leg, arm pain
- Diarrhoea
- Showing signs of recently taking drugs and/or inhaled fumes
- Withdrawal symptoms – especially from alcohol (anxious, aggressive, irritable, can't sleep, tremor)
- Unable to answer medical or other questions

**Does an ambulance need to be contacted?**

No  Yes

**Does the client have any known medical conditions?**

No  Yes. If yes, please list the medical conditions:

**Is the client on any medication?**

No  Yes. If yes, name the medication.

**If applicable when did the client last take their medication?**

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

Time: \_\_\_\_\_ am \_\_\_\_\_ pm

**Do arrangements need to be made for medication to be provided to the client?**

No  Yes. If yes, arrange for client to be taken to doctor.

**Has an ambulance recently been called or has the client recently received medical treatment?**

No  Yes

If yes, provide details of the doctor and treatment.

**! NOTE: A person who has any of these symptoms MUST be provided with medical treatment.**  
**● Call an ambulance.**

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**Observations of client wellbeing**

**If you notice the client is acting strangely or particularly out of character it is important that you talk to them about it. Tick any of the following behaviours shown by the client.**

- Threatening or looking for ways to hurt or kill themselves
- Talking or writing about death, dying or suicide
- Giving away possessions or saying goodbye to family and/or friends, and/or saying they have no reason for living or have no purpose in life
- Expressing feelings of hopelessness
- Rage, extreme anger or expressions of revenge against a person
- Engaging in reckless or risky behaviours
- Anxious, agitated and/or expressing feelings of being trapped, like there's no way out
- Has discussed the increased use of alcohol or other drugs
- Has discussed withdrawing from friends, family or the community
- Has discussed abnormal sleep patterns — not sleeping or not being able to sleep without waking constantly
- Dramatic changes in mood, such as sudden feelings of happiness after a long period of sadness or depression

**Would the client like assistance with the re-establishment of cultural and/or family links?**

- No       Yes

If yes, complete a *Client referral and consent form* and obtain the client's consent.

**!** Although most people show some of these signs from time to time, especially when they are tired, stressed or upset, it is better to act safely rather than not to act at all, particularly if someone is showing several of these signs at the same time. It is important to respond quickly by talking to the person and contacting an ambulance for medical assistance.

**Actions taken** — *Physical observations; observations of client wellbeing; who, what, when, outcome*

**Comments:**