

Clinical Social Work Risk/Safety Assessment (Harm to Others)

MGH Interpreter Services utilized? YES NO

Patient's Name:

MRN:

Date:

Time:

Reason for referral (Include here who made the referral, where you obtained the information for the assessment – i.e. meeting with parent, patient, chart review, etc.):

Patient's presentation (Affect/mood, willingness to engage, spontaneity of speech, etc.):

Patient's plan ("Are you thinking now about physically harming someone?" "Who is this person?" "Tell me about your thoughts of wanting to physically harm this person." "How are you going to physically harm this person?" "Do you have a plan in mind? What is it?"):

Access to/Lethality of means ("Do you have a weapon?" "Do you know how to get a weapon?" "Do you know where to get a weapon?" and can the method described be lethal?)

Severity of intent ("Do you plan to physically harm this person?" "Do you intend to act on your thoughts?")

History of previous homicidality/homicide attempts (Has the patient ever physically harmed anyone before, what happened, how long ago, how serious, how the patient feels about it now, if no attempt then what prevented them from acting on their homicidality in the past?):

Violent or criminal history (if any):

Aggressive behavior observed by SW (if any):

Any evidence that the patient is currently under the influence of a substance?

Any evidence of paranoid thoughts (high risk factor for homicide)?

Demonstrated disorder of thought, mood, perception, orientation or memory to the extent that *judgment, behavior, capacity to recognize reality, and/or ability to meet the ordinary demands of life are impaired?* :

Protective factors (*Family, friends, other social supports, belief system, specific coping mechanisms, etc.*):

HOMICIDAL ASSESSMENT (determination of likelihood of physically harming identified person) by SW:

- Patient NOT at substantial risk for physically harming another person.
Explain: _____
- Substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them.

Patient's response to MGH Acute Psychiatry Services (APS) referral:

- Patient agreed
- Patient did NOT agree
- Patient was not referred to APS

Actions taken by SW:

(*check all that apply*):

- Called MGH Police & Security: YES NO
- Informed APS: YES NO
- Discussed the need for further evaluation by APS with patient: YES NO
- Completed Section 12 order: YES NO
- Consulted with Clinical Director: YES NO
- Consulted with patient's mental health provider(s): YES NO N/A
- Accompanied patient to APS: YES NO
- Called and warned potential victim: YES NO N/A
- Notified patient's MGH provider: YES NO
- Notified patient's PCP: YES NO
- Notified patient's mental health provider(s) of patient's disposition:
YES NO N/A
- Consulted with MGH Office of General Counsel: YES NO N/A
- Called patient's town Police Department: YES NO N/A

Any necessary explanation: _____

Plan of Care/Referrals:

- Assessment by APS
- Follow up with patient this week
- Make referral for mental health services

Other (and explanation): _____

Clinician Signature

Name of Clinician and Title:

Phone/pager number: