

Risk screening checklist, tick the relevant boxes. When marking “yes” or “don’t know” please provide a comment and attach any relevant clinical notes.

Screening questions	Yes	No	Don't know	Comment
Is there a current risk of self-harm or suicide?				
If yes, have there been any attempts in the past 3 months?				
Is there recent violence or current risk of harm to others identified?				
Does the person have any bail or probation conditions?				
Is there a history of sexual offending, serious violent offending, arson or fire setting?				
Does the person have active substance abuse issues?				
Does the person have a history of psychotic episodes? If yes, when was the last?				

Before submitting your referral, please ensure you have provided the following documentation:

- Relevant clinical notes
- Drug or food allergies
- MHAIDS Comprehensive Plan (if applicable)
- Current medications
- Relevant discharge summaries
- MHAIDS Wellness Plan (if applicable)