

As part of Penumbra's Referral process, we would be grateful if the person who is making the referral could complete this form. If at all possible, please involve referred person in the process. The information on this form will enable us to ensure our staff are best equipped to deliver appropriate quality support to the person you are referring. Any information contained in the risk assessment will be classed as third party information and therefore confidential. Please complete to the best of your knowledge.

1. DETAILS	
Name of Referred Person	Date of Birth
Address:	Name of Person Making Initial Referral
Your Relationship to Referred Person:	Address & Contact Number of Referrer:

Guide to Penumbra's Risk Assessment Ratings

- L** = Low Risk Low Priority, no/low level of action required
- M** = Medium Risk Medium priority, medium level of action required
- H** = High Risk High Priority, urgent/immediate action required

2. POTENTIAL RISKS TO PERSON USING OUR SERVICE		(Please tick appropriate box based on above ratings)			
		N/A	L	M	H
1.	Not Eating or drinking properly				
2.	Poor personal care				
3.	Substance abuse				
4.	Unsafe smoking/fire risk				
5.	Isolation/loneliness				
6.	Not shutting/locking door				
7.	Unsafe crossing road				
8.	Falls				
9.	Wandering during day time				
10.	Wandering during night time				
11.	Suicidal ideas				
12.	Self harm ideas				
13.	Abuse by others				
	• Verbal				
	• Physical				
	• Sexual				
	• Financial				
14.	Unsafe with gas/electrical appliances				

Any other relevant factors or expansion where risk has been identified in section 2?
Please describe any actions that are known to minimise the risks:

Please continue on separate sheet if necessary. Additional sheets include the question number, be signed and dated:

3. POTENTIAL RISKS TO PENUMBRA

Would Penumbra staff be at particular risk from the referred person with regard to any of the following?

(Please tick appropriate box)

		YES	NO	NOT KNOWN
1.	Criminal behaviour (e.g. convictions spent or current or actions pending).			
2.	Violence			
3.	Physical Aggression			
4.	Sexual Disinhibition			
5.	Anti Social Behaviour			
6.	If the answer to question 5 is Yes, has an Anti Social Behaviour Order been granted against the referred person (or anyone living with them)? <i>Please circle below:</i> <ul style="list-style-type: none"> • NO • YES – Court action taken • YES – Less formal action taken (e.g. a written warning) 			
7.	Is the referred person required to register with the police under the Sexual Offences (Scotland) Act 2009?			
8.	Physical health problems (e.g. blood borne viruses).			

Any other relevant factors or expansion where risk has been identified in section 3? Please describe any actions that are known to minimise the risks:

Please continue on separate sheet if necessary. Additional sheets include the question number, be signed and dated:

In my experience and knowledge, the above statements and those on separate sheets are true and accurate.

Referrers Name (BLOCK CAPS)

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Referrers Signature

Date

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Please Return to:

Name	Address
Helen Gibson Development Worker	Penumbra, Ardrossan Youth Centre, Stanley Road, Ardrossan, KA22 7DH