Client Name _____ **Date** _____

Client's Susceptibility to Abuse **Include history of both abusing or being abused from all assessments – If yes, brief explanation**	
Physical Abuse	❑ Yes ❑ No
Sexual Abuse	❑ Yes ❑ No
Emotional Abuse	❑ Yes ❑ No
Financial Abuse	❑ Yes ❑ No
Verbal Abuse	❑ Yes ❑ No
Self-Abuse	❑ Yes ❑ No
Physical aggression or committed an act of violent crime (if positively indicated please explain below measures to be taken to minimize the risk that this client might pose to visitors to the facility or outside the facility if unsupervised)	
❑ Yes ❑ No	

Identification of Risk	
Area of Potential Abuse	
Risk Reduction Plan	
Area of Potential Abuse	
Risk Reduction Plan	
Area of Potential Abuse	
Risk Reduction Plan	

_____ _____

Resident or Legal Guardian Signature Date

_____ _____

Signature of Mental Health Practitioner Date

_____ _____

Signature of Mental Health Professional Date

_____ _____

Resident or Legal Guardian Signature Date

_____ _____

Signature of Mental Health Practitioner Date

_____ _____

Signature of Mental Health Professional Date