**Risk Assessment Document**

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| **Risk Assessment**  Completed on behalf of Adult Social Care across Bournemouth, Poole and Dorset three Local Authorities. |  |

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| **Person Name:** | | |  | | --- | |  | | | | | | | | | **D.O.B.:** | | | |  | | --- | |  | | | | | |
|  | | |  | | | | |  | | | | | |  | | | |
| Hospital ID |  | | | SS ID |  | | | | NHS No. | |  | | | | NI No. |  |
|  | | |  | | |  | | | | | | | | | | | |
| Date of this assessment: | | |  | | | | Date of Community Care Assessment: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Purpose of the Risk Assessment Assessment Location: | | | | | | | | | | | |  | | | | | |

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| Others Consulted:  **Does the person have capacity: Y  N**  **Is person aware of risk assessment: Y**  **N** |  |  |

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| **Has consent form been signed: Y**  **N** | | |  | |  | |
| **IDENTIFIED RISKS** | **CONSEQUENCE OF RISKS** | **PROPOSED ACTION TO MINIMISE THE RISK** | | **BY WHOM** | | **TIME SCALE** | |
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**Additional Comments:** to include whether assessor and/or others disagree with service user perception of risk.

Individual, family, carer(s), assessor/managers comments

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| **Person:** I have participated in this assessment and agreed with action: **Y**  **N** | |
| **Name of person completing this form:** | |  | | --- | |  | |
| **Job Title**  **Signature:** | |  | | --- | |  |  |  | | --- | |  | |
| **Date Completed:**  **Review Date** | |  | | --- | |  | |
| **Contact No:** | |  | | --- | |  | |
| **Manager Signature (if required):** | |  | | --- | |  | |

**Note:**

*Further work is planned concerning a risk assessment and management tool. Agencies with current risk assessment tools in place should continue to use them pending production of new guidance.*