**Risk Assessment Document**

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

| **Person Name:** |

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 | **D.O.B.:** |

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| Hospital ID |  | SS ID |  | NHS No. |  | NI No. |  |
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| 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:** |

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| **Job Title****Signature:** |

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| **Date Completed:****Review Date** |

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| **Contact No:** |

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| **Manager Signature (if required):** |

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**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.*