



GP Referral for Admission to St John of God Hospital

Please complete in full and return to the Admissions Office by fax at 01 2771455

For further enquiries please contact Admissions 01 2771450

or Main Reception 01 2771400

RISK ASSESSMENT

St. John of God Hospital strives to provide a safe therapeutic environment for every person under our care. One aspect of managing safety is the formulation of an individual and dynamic risk management plan for each patient, which is regularly discussed and updated as part of their overall care plan.

You can help us by letting us know about any concerns you may have in relation to your patient's safety, or about any risks you believe your patient may be exposed to. Your concern may be covered by one or more of the areas described below, or may involve additional areas. If you have additional or new concerns during your patient's stay in hospital, feel free to submit the risk assessment form as often as necessary. Please be aware that your comments may be discussed with / or accessed by your patient.

When completing the risk assessment please consider the following;

(If ticking a box please explain in the spaces provided)

Vulnerability	physical illness <input type="checkbox"/> , disability <input type="checkbox"/> , falls <input type="checkbox"/> , poverty <input type="checkbox"/> , financial distress <input type="checkbox"/> , homelessness <input type="checkbox"/> , lack of supports <input type="checkbox"/> , bullying <input type="checkbox"/> , harassment <input type="checkbox"/> , stigmatization <input type="checkbox"/> , exploitation <input type="checkbox"/> , abuse <input type="checkbox"/> , decline in hygiene <input type="checkbox"/> , poor self care <input type="checkbox"/> , poor food intake <input type="checkbox"/> , memory problems <input type="checkbox"/> , confusion <input type="checkbox"/> , Other <input type="checkbox"/> <hr/> <hr/> <hr/>
Self harm/suicide	previous suicide attempt(s) <input type="checkbox"/> , previous self harm <input type="checkbox"/> , previous suicide in the family/circle of friends <input type="checkbox"/> , ongoing suicidal ideation <input type="checkbox"/> , suicidal gestures <input type="checkbox"/> , hopelessness <input type="checkbox"/> , major life changes or challenges <input type="checkbox"/> , Other <input type="checkbox"/> <hr/> <hr/> <hr/>
Mental instability	intense and obvious symptoms of mental illness: overspending <input type="checkbox"/> , risk taking behaviours <input type="checkbox"/> , bizarre behaviours <input type="checkbox"/> , sexual disinhibition <input type="checkbox"/> , anger and aggression <input type="checkbox"/> , impulsivity <input type="checkbox"/> , increased alcohol/drug use <input type="checkbox"/> , not following medical or legal advice <input type="checkbox"/> Other <input type="checkbox"/> _____ <hr/> <hr/> <hr/>
Risk to others	previous violence <input type="checkbox"/> , poor self control when angry <input type="checkbox"/> , antisocial tendencies <input type="checkbox"/> , possession of or access to weapons <input type="checkbox"/> , Other <input type="checkbox"/> _____ <hr/> <hr/> <hr/>

