



CRISALIDA

CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

678 High Street Thornbury 3071

630 Bell Street Preston West 3072

Phone: **9484 6299**

Fax: 9480 0838

e: admin@crisalida.com.au

w: www.crisalida.com.au

8B - HOME VISIT RISK ASSESSMENT

Visit to proceed

Conditional Service

Unacceptable risk

CLIENT INFORMATION

Full Name:

Date of Birth:

Address of home visit:

Postcode:

Phone:

Other Phone:

Contact Person:

Phone:

Relationship to client:

Housing:

House

Flat/unit

Total no. of flats in block ____

Front/rear of the block?

High rise complex

Floor or level ____

Lifts

Stairs

Aged Care Facility

Specify: _____

Residential Care Unit

Other: _____

Access to Property:

<i>Question:</i>	<i>Y</i>	<i>N</i>	<i>Action:</i>
Is the house visible from the street?			Specific directions/location:
Is it remote? Will there be mobile phone reception?			
Is the house number visible from the street? Circle: Letterbox / fence / verandah pillar / wall / kerb / other			Consider temporary sign
Is there close vehicle access to the house?			Parking instructions:
Which door is used for entry? Circle: front / back / side			Assess the access for risks
Does client live in a high bushfire prone area?			Consider alternative address Inform the client that visits will be cancelled on Extreme and Code Red days

Occupants:			
Is the client the sole occupant?			List other occupants:
Are these occupants or visitors likely to come and go during the visit?			If yes - inquire who will be there?
Are there any firearms in the house?			If so, are they securely locked away?
Is there any significant alcohol or drug consumption by client/visitors/neighbours that home visit staff should be aware of?			If so, please provide more details Advise the client that the service will be withdrawn if staff feel uncomfortable or threatened
Does the occupant/s have a history of aggressive/offensive behaviour?			If so, see your manager
Animals:			
Does the client have any animals?			Type:
Can the animal be restricted or isolated during the visit?			

Summary of Risks Identified:
Controls Implemented for those risks:

ACKNOWLEDGEMENT

Assessment conducted by:

Signature:

Position:

Date::

Home visit staff member:

Accepted risk assessment?

Signature::

Date::

