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# ADRC: Risk Assessment

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1. Is there an Alzheimer's or other dementia present? Yes No
2. Have there been many hospitalizations in the past year? Yes No
3. Is there a lack of financial resources? Yes No
4. Is there little informal support available? Yes No
5. Are there complex medical or emotional dx of concern? Yes No
6. Is the client at great risk of falls? Yes No
7. Is the client on the COP waiting list? Yes No
8. Has Adult Protective Services been involved in the past? Yes No
9. Are there presently issues of self neglect/abuse? Yes No
9. Is there a high level of Caregiver Stress? Yes No
10. Are there significant AODA issues? Yes No
11. Have there been episodes of challenging behaviors toward self or others? Yes No

**4 or more "yes" marks above indicate potential risk. Follow up with client or collaterals.**

Is the consumer willing to accept help with services? Yes No

Is this consumer at risk? Yes No

Comments: \_\_\_\_\_  
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