lf١	es to anv	of the above.	record details belo	w:

Said to be hallucinating, TV speaking to him, paranoid, says people are laughing and talking about him. He smokes cannabis, mother says not a lot. He has Chrohn's disease

Formulation of assessment

Refer to the risk assessment matrix below and summarise:

What is the key problem?

What is the level of risk - e.g.: low, medium, high, very high? Refer to matrix

Summary of assessment and initial risk screen:

He is known to mental health, a year ago a mental health act was carried out, not seen to be Section-able then. Mother reports deteriorating mental state with paranoid thoughts and hallucinations



What category of overall risk do you think most applies to this patient Medium?

Medium



Action plan and outcomes:

Signed:	Jack Hallett	Designation:	Nurse	
Print Name:	Jack Hallett		Date:	27/11/2015

Level of risk	1 12 1 1 2 1	SESSMENT RISK ASSESS Action	Timescale
	Minor mental health problems may be present but no thoughts or plans regarding risk behaviours to self or others, or unlikely to act upon them; No evidence of immediate or short-term risk Vulnerability.	 Treatment and follow up arrangements managed by Triage Possible referral to primary care services e.g. GP or practice nurse; May benefit from mental health advice e.g. safe alcohol consumption or non-statutory counselling Services. 	Refer to Triage as a routine non-urgent appointment within 3 weeks Consider a referral to other service such HAGA, DASH, I APT, one support, Mind depending on resources available in you area.