Department of Mental Health Client Risk Assessment and Education Record

Note: Clients shall be told that they have the right to refuse to answer any or all questions below.

Client Name:	Record #				
Check here if Client refuses to participate in this assessment.					
1. Medical History (Past or Present)(Circle as appropriate) (Past or Present)Active TBYESNOBlood transfusion before 1985YESNOSexually transmitted diseaseYESNOHerpes/wartsYESNOHepatitis B, C, DYESNOHIV/AIDSYESNOPregnanciesYESNODo you think you're at HIV risk?YESNO2. Substance Abuse(Circle as appropriate)	O REFUSES O REFUSES	<u>3. Trauma History</u> (Circ (Past or Present) Physical Abuse Sexual Abuse	ele as appropria YES YES	ate) NO NO	REFUSES REFUSES
	O REFUSES O REFUSES O REFUSES O REFUSES O REFUSES	<u>4. Education & Referra</u> (Past or Present) HIV/Sex Education Birth Control	<u>al</u> (Circle as a YES YES	S NO	nte) REFUSES REFUSES
2. Substance Abuse (Circle as appropria (Past or Present) (V Drug Use V Drug Use YES Alcohol/drug use YES	O REFUSES	HIV/STD transmission prev	vention YES YES		REFUSES REFUSES
Guidel Low Risk Intimate kissing Anal/vaginal sex with proper use of intact of Oral/Anal sex with a barrier Moderate Risk Oral sex without barrier Sharing sex toys	g General Sexual Behavior <u>No Risk</u> Abstention from sexual contact Self masturbation Masturbation with partner (if no cuts on hands) Touching, massaging, hugging Kissing Risk				
High Risk Anal intercourse w/o barrier Unprotected oral, anal, or vaginal sex especially if there are mouth or genital sores Either partner an IVDU					
(Circle Appropriate) RISK ASSESSMENT	HIGH	MODERATE LO	WC	NO R	ISK
<u>COMMENTS:</u>					
Refer for further: (Circle yes or no - fill Education YES No	0 to	D	ate:		
Assessment YES NO			ate:		
Counseling YES NO			ate:		
Testing YES No Other YES No			ate:		
Other YES No	0 10	D	ate:		
Note: This form shall be filed in the Patient's or Client's record. Clinician's Signature Date: Form DMH-HIV 1 1999 (Adapted from Brockton Multi-Service Center)					