



DT9431

HOMICIDE RISK ASSESSMENT AND MANAGEMENT FORM

(The Formation provinciale sur l'estimation et la gestion du risque d'homicide must compulsorily have been done to use this form)

Sector of the intervener

User's first and last name			
Health insurance number		Year Month	
		Expiry	
Date of birth		Sex	
Year Month Day		<input type="checkbox"/> M <input type="checkbox"/> F	
Address (number, street, apt.)			
City		Postal code	
Area code Telephone (Home)		Area code Mobile	

HOMICIDE TYPE

Intrafamilial				Extrafamilial
<input type="checkbox"/> Spousal	<input type="checkbox"/> Familicide	<input type="checkbox"/> Filicide	<input type="checkbox"/> Parricide	<input type="checkbox"/> Quarrelsome and vindictive

Brief description of the situation:

HOMICIDE RISK ASSESSMENT

HOMICIDE SCENARIO (precision and ease of execution)	G	Y	O	R
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Explanation (use the tool Indications for global estimation of homicide risk to complete)

Content of homicide thoughts:	Plan:
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Victime(s) targeted(s): Yes No Relation:

Victime(s) accessible(s): Yes No Other potential victim(s):

Means chosen: Yes No Means accessible: Yes No Location determined: Yes No

Moment: Undetermined More than 48 hours Less than 48 hours

RISK FACTORS

	G	Y	O	R
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Contextual factors:	Psychological and social factors:
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Criminal factors:	Request for help associated factors:
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User's name	File no.
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Aggravating factors	
<input type="radio"/> Access to a firearm (even if not chosen means) <input type="radio"/> Situation persists over time with intensification of negative feelings: stress, anger, etc.	
<input type="radio"/> Intoxication or alcohol/drug abuse <input type="radio"/> Increasing frequency or severity of threats or violent behaviour	
Explanation:	

Protection factors	
<input type="radio"/> Full participation in the help process/alliance with intervener <input type="radio"/> Admission of problem/willingness to change	
<input type="radio"/> Actions taken to protect themselves and others (full participation in the safety strategy) <input type="radio"/> Compliance with conditions and laws	
<input type="radio"/> Capacity to consider grieving (job loss, breakup, etc.) <input type="radio"/> Social support	
<input type="radio"/> Empathy towards the other/recognizes the other's value	
Explanation:	

OVERALL ASSESSMENT	Low risk	Moderate risk	High risk	Imminent risk
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RISK MANAGEMENT – Strategies put in place:	
PHI:	Victim(s):

INTERVIEW CONCLUSIONS AND REQUIRED ACTIONS (Professional opinion and recommendations)

Next appointment:	Required follow-up:
Resources involved: <small>(direct/refer/accompany)</small>	<input type="checkbox"/> None <input type="checkbox"/> Regular <input type="checkbox"/> Close follow-up <input type="checkbox"/> Short term <input type="checkbox"/> Follow-up call
Authorization to transmit the information:	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATIONS	
Date	Content/explanation/steps/results

Intervener	Program	Date
First and last name (in block letters)	Signature	Year Month Day