

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)
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Next appointment: _____	Required follow-up:
Resources involved: _____ (direct/refer/accompany)	<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