



User's name	File no.
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<b>Aggravating factors</b>	
<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:	

<b>Protection factors</b>	
<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:	

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

<b>INTERVIEW CONCLUSIONS AND REQUIRED ACTIONS (Professional opinion and recommendations)</b>	
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	

<b>OTHER INFORMATIONS</b>	
Date	Content/explanation/steps/results

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