## APPENDIX V
Cumberland University Counseling Center
Risk Assessment Summary - Other

<table>
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<tr>
<th>Name____________________________</th>
<th>Date____________</th>
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1. Current or recent thoughts of causing serious physical harm to another?
   (frequency, duration, intensity)   Y  N
   ___  ___

2. Plan?
   (person, time, location, method)   ___  ___

3. Plausibility of plan?
   (resources, experience, knowledge)   ___  ___

4. Steps taken to actualize plan?   ___  ___

5. Past intent to harm another person?   ___  ___

6. Past physical harm to another person?   ___  ___

7. Current or past intent to threaten or intimidate another person?   ___  ___

8. Recent physical fight with another?   ___  ___

9. History psychiatric disturbance?   ___  ___

10. History abuse/trauma?   ___  ___

11. Current stress   Mild ←-----------------------------------------------→Severe
    1    5    10

12. Anger   Mild ←-----------------------------------------------→Severe

13. Social support   Available ←--------------------------------→Isolated

14. Daily Functioning   No Change ←--------------------------------→Very disturbed

15. Impulsivity   Low ←--------------------------------→High
16. Other risk factors not indicated above:

Treatment recommendations and rationale for recommendations (including rationale for or for not recommending hospitalization).

________________________________________
Counselor signature