**Risk Summary**

|  |  |  |
| --- | --- | --- |
| Recent Photo | Name: Click here to enter text.  Date revised: Click here to enter a date. | This form is a summary of information from the IISP and should be accessible in hard copy to staff in order to promote awareness of risk which require ongoing caution / action of the staff. Considering likelihood and severity, the form includes risks that present immediate life threatening danger to the client or others. This form can be edited and modified to capture and convey the information in a usable format.  ***Note: This form is not necessary if the IISP Template is used since the template includes a risk summary on page 1*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rating (Highlight One) | | Score | Risk Category | Identified Risk(s) and Intervention(s) |  |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. | **Emergency Agency Contact Numbers:** |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. |  |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. | Agency On-Call Number: |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. |  |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. | Supervisor Number: |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. |  |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. |  |
| Moderate | HIGH | Choose an item. | Choose an item. | Click here to enter text. |  |

Agency Plan / Personal Support Plan

Completed by: Signature: