

**Instructions:**

Complete to determine patient's eligibility for off-unit therapeutic passes, prior to scheduled pass date, or for a significant change in clinical disposition. Up to three (3) separate risk assessments may be documented on one form.

On Side Two, complete the corresponding *Summary of Review*.

**Psychiatric Health Facility (PHF)**

**OFF-UNIT THERAPEUTIC PASS  
RISK ASSESSMENT**

Potential Risk Factors	Assessment Dates →	1	2	3
Does the patient present an immediate risk to harm others or self? <i>(If YES, comment on Side Two)</i>	Yes			
	No			
Does the patient have a history of elopement? If yes, specify month/year of elopement and from where (e.g. PHF, other facility or hospital). _____ _____	Yes			
	No			
Does the patient have a history of aggression and assaultive behaviors?	Yes			
	No			
Does the patient have a history of self-harming behaviors, suicidal ideation and attempts?	Yes			
	No			
Does the patient present with impulsive tendencies?	Yes			
	No			
Is the patient actively engaging in treatment (e.g. group participation, treatment meetings, medication)?	Yes			
	No			
Is the patient attending to activities of daily living (ADLs), such as showering, grooming and room care?	Yes			
	No			
Is the patient sleeping and eating sufficiently (i.e. >7 hrs a night, 3 meals a day)?	Yes			
	No			
Protective Factors				
Goal-oriented	Yes			
	No			
Family/friend Support	Yes			
	No			
Spirituality/Faith	Yes			
	No			
Coping skills	Yes			
	No			
Optimism/Hope	Yes			
	No			
Sense of responsibility to others	Yes			
	No			
Good health	Yes			
	No			

*Proceed to SIDE TWO to complete form.*

## SUMMARY OF REVIEW

**1**  Patient is NOT at risk for elopement or other dangerous behavior while in the community and is eligible for an off-unit therapeutic pass.

Patient is at risk for elopement and/or other dangerous behaviors while in the community as evidenced by:

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Signature/Title

Date

**2**  Patient is NOT at risk for elopement or other dangerous behavior while in the community and is eligible for an off-unit therapeutic pass.

Patient is at risk for elopement and/or other dangerous behaviors while in the community as evidenced by:

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Signature/Title

Date

**3**  Patient is NOT at risk for elopement or other dangerous behavior while in the community and is eligible for an off-unit therapeutic pass.

Patient is at risk for elopement and/or other dangerous behaviors while in the community as evidenced by:

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Signature/Title

Date