

**ST. EDMUNDS CHARITY ASSESSMENT**  
**PRIOR NEEDS & RISK ASSESSMENT QUESTIONNAIRE**

**OCTOBER 2017**

**TO BE COMPLETED IN CONJUNCTION WITH REFERRER PRIOR TO  
ASSESSMENT OF PROSPECTIVE SERVICE USER**

**NAME OF PROSPECTIVE SERVICE USER:**

**REFERRAL AGENCY:**

**NAME OF STAFF MEMBER REFERRING:**

**DATE OF REFERRAL:**

DOES THE ABOVE NAMED PROSPECTIVE SERVICE USER HAVE ANY NEEDS SUCH AS: DIETARY, PERSONAL BELIEFS, MOBILITY, HEALTH NEEDS, LITERACY SKILLS OR DOES THE PROSPECTIVE SERVICE USER NEED A TRANSLATOR OR A 'SIGNER'?

DOES THE PROSPECTIVE SERVICE USER HAVE ANY OTHER NEEDS NOT MENTIONED ABOVE?

ARE YOU AWARE OF ANY RISKS THE ABOVE NAMED PROSPECTIVE SERVICE USER MAY BE SUSCEPTIBLE TO? SUCH AS:

SELF HARM

CAUSING HARM TO OTHERS

RISK OF HARM FROM OTHERS

ANYTHING ELSE THE PROSPECTIVE SERVICE USER MAY BE AT RISK OF THAT YOU ARE AWARE OF