

Clinical High Risk Profile

Name: _____ Avatar #: _____ Living Unit: _____ Admit Date: _____ Date Risk Profile Initiated: _____

Date Risk Identified	Risk (e.g., Choking, Fall)	High Risk	At Risk	As Evidenced by	Initials	Date Removed from High Risk or At Risk	Rationale for Removal	Initials

No high risk/at risk factors identified for this individual. Date: _____ Initials: _____

Continued on back

MEDICAL ALERTS

TST (PPD) positive – Date: _____ Allergies – List: _____

Infection Control Issues – List: _____

Other – Specify: _____

Initials	Signature	Initials	Signature

IDENTIFICATION

Date Risk Identified	Risk (e.g., Choking, Fall)	High Risk	At Risk	As Evidenced by	Initials	Date Removed from High Risk or At Risk	Rationale for Removal	Initials

Initials	Signature	Initials	Signature	Initials	Signature