

**Edwin Fair CMHC**

**Oklahoma Systems of Care**

**Baseline Risk Factors**

**to be completed by workers as part of baseline assessment**

**for children, youth, and young adults aged 0 through 25**

Site: Date: / /

Youth’s Legal Name: \_\_\_ Youth’s Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOC ID:

|  |  |  |  |
| --- | --- | --- | --- |
| **Child / Youth / Young Adult Risk Factors (*please check all that apply*)** | | | |
|  | Runaway / leaving home without permission |  | Chronic illness |
|  | Withdrawal from family, social activities |  | Self-harming behavior |
|  | Recent dramatic changes in eating habits, sleep pattern, and/or body weight |  | Repeated incidents of lying, stealing, and/or property destruction |
|  | Age or developmentally inappropriate bed-wetting and/or soiling |  | Physical aggression toward authority figures, family members and/or peers |
|  | Inappropriate sexual behavior |  | Intentionally hurting others |
|  | Perpetrator of sexual abuse |  | Intentionally hurting animals |
|  | Victim of sexual abuse |  | Sets fires |
|  | Victim of physical abuse |  | Involvement in criminal activity |
|  | Use or abuse of alcohol and/or drugs |  | Declining school grades, truancy, poor attendance |
|  | Attempted suicide or suicidal thoughts |  | School suspensions / expulsions |
|  | Hallucinations – aural, visual, or tactical |  | Developmental delays |
|  | History of inpatient psychiatric hospitalization(s) |  | History of neglect |
| **Caregiver / Family Risk Factors** | | | |
|  | Chronic physical illness in family |  | Parental incarcerations |
|  | Family history of mental illness, psychiatric hospitalization and/or substance abuse |  | History of domestic violence |
|  | Suicide attempts |  | Poverty |
|  | Victim of physical abuse (other than child/youth) |  | Other children in foster care |
|  | Victim of sexual abuse (other than child/youth) |  | Child/youth exposed to substance use/abuse in the home. |

**Enter data at:** [**systemsofcare.ou.edu**](mailto:systemsofcare.ou.edu)**. If you have questions, please email the E-TEAM YIS Help Desk at** [**yis.eteam@ou.edu**](mailto:yis.eteam@ou.edu)**.**