



Behavioral Risk Factor Profile

This form is to be completed by a LMHP/BCBA

REPETITIVE/RITUALISTIC BEHAVIORS

Describe: _____

Frequency (day/week/month): _____

Duration: _____

Intensity (mild/moderate/severe): _____

Course: _____

Hx past year: _____

RESISTANCE TO CHANGE

Does the client have an extreme resistance to change? YES NO

If yes, please explain: _____



SOCIALLY INAPPROPRIATE BEHAVIOR

(Check if present): *Note Incident Frequency, Intensity, and Duration*

- Avoids contact with peers
- Avoids contact with adults
- Isolates self
- Inappropriately hugs, kisses, or touches
- Interrupts conversations or activities
- Hangs on or grabs others and refuses to let go
- Maintains an inappropriate talking distance
- Invades other people's physical space
- Makes false statements about people
- Disrobes in public
- Appears partially dressed in front of others
- Public masturbation or self-touching
- Teases other people
- Takes other people's property without permission
- Hoards objects
- Generally refuses to share
- Impulsively grabs objects from other people
- Smearing of feces/Defecating outside toilet



PHYSICAL AGGRESSION/PROPERTY DESTRUCTION

(Hitting, punching, slapping, pulling hair, pulling body parts, pushing, scratching, throwing objects, pinching, kicking, spitting, head banging)

Describe: _____

Frequency (day/week/month): _____

Duration: _____

Intensity (mild/moderate/severe): _____

Course: _____

Hx past year: _____

INDEPENDENT TRAVEL

Is the client capable of Safe Independent Local Travel? YES NO

If no, please explain: _____



LEAVING A DESIGNATED AREA BEYOND VISUAL RANGE

Describe: _____

Frequency: _____

Average Time Absent: _____

Self Preservation and Safety Skills: _____

Does the Client Understand the Danger and Risk of (circle one):

Fire: Yes NO

Poison: YES NO

Traffic: YES NO

Heat Sources: YES NO

Strangers: YES NO

Heights: YES NO

Sharp Objects YES NO



SELF-INJURIOUS BEHAVIOR

Check if present: *Note Incident Frequency, Intensity, and Duration*

- Biting self
- Eye gouging
- Forceful contact with head/face
- Forceful contact with other body part
- Hair pulling (Trichotillomania)
- Ingestion of inedible materials (Pica)
- Scratching, picking, rubbing skin
- Vomiting or rumination
- Water Intoxication (Hyponatremia)
- Air Swallowing (Aerophagia)
- Cutting skin
- Burning self
- Suicide Attempts
- Suicidal Gestures
- Suicidal Speech
- Suicidal stated plans
- Suicidal Means
- Homicidal ideation, plans, means



Risk Assessment Summary

(circle one): Mild Moderate Severe

Risk of harm toward self and others:

- Self
- Peers
- Family
- Pets/animals
- Other (specify)
- Need for crisis plan?

Notes: _____

