

Carer Capacity Risk Assessment for Dependent Adults

Carer Information

Carer Name

Date

Relationship to Dependent Adult

Dependent Adult Information

Name

Age

Medical Conditions/Needs

Risk Assessment

Risk Factor	Risk Present (Yes/No)	Description/Details	Current Controls/Support	Level of Risk
Carer Health & Wellbeing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Knowledge of Dependent's Needs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Environment/Suitability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Support Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Carer Stress/Burnout	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Summary & Recommended Actions

Summary of Key Risks Identified

Recommended Actions/Interventions

Person(s) Responsible

Review Date

Assessor Name

Signature