

Domestic Violence Risk Assessment Home Visit Form

General Information

Date of Visit

Assessor Name

Home Address

Client Name

Client Age

Family/Household Composition

List household members (Name, Age, Relationship)

Presenting Issues

Details of current concerns or incidents

Risk Factors

Physical Violence Present?

Sexual Violence Present?

Threats or Intimidation?

Children at Risk?

Other Risk Factors

Protective Factors

Describe any strengths, supports or protective factors

Assessment Summary

Summary of Risk

Recommendations/Actions