



UNIT: _____

Readmission Risk Screening Assessment

Instruction: Check (√) YES or NO. Count the number of YES and document the Total Score

Risk Factors	YES	NO	Comments
1. Psychiatric hospital admission within six months (even once); (three or more within six months-automatic score of three points)			
2. History of readmission related to psychotropic medication non adherence			
3. Inadequate support (at least one is present)			
a. Housing			
b. Family / Social support			
c. Financial			
4. Substance use / Substance abuse history (Active within 6 months and added to Axis 1)			
Total Score			

Scoring scale: 0=Low Risk 1-2 =Moderate Risk 3 or Greater 3= *High Risk

- **HIGH RISK → Notify Team Leader and Clinical Coordinator of the unit**

For Outpatient Clinics: Notify Unit Chief

**Print Name of Staff Completing
the Assessment**

Signature

Date and Time