



Company Name

ASSESSMENT FOR CLIENT VULNERABILITY TO ABUSE AND/OR NEGLECT

Date client assessed for vulnerability: \_\_\_\_\_ Time: \_\_\_\_\_

Client Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Table with columns: VULNERABILITY RISK FACTOR, Yes, No, RISK FACTORS (Yes, No). Rows include: Demonstrates orientation to time, place, and person; Demonstrates ability to follow directions consistently; Demonstrates assertiveness; Demonstrates ability to give accurate information consistently; Demonstrates interest in environment activities; Demonstrates ability to walk without assistive devices; Demonstrates full range of motion; Demonstrates adequate endurance; Demonstrates pain-free condition/illness; Demonstrates freedom from communicable disease; Demonstrates adequate auditory perception; Demonstrates adequate speech; Demonstrates adequate touch sensation; Demonstrates cooperative behavior; Demonstrates ability to adhere to safety precautions consistently; Demonstrates ability to report for neglect; Other.

Signature of individual completing the form

Date

Name of individual completing the form