

Appendix A

Part I: Intimate Partner Violence:

INTIMATE PARTNER VIOLENCE SCREENING/DOCUMENTATION FORM

Date: _____

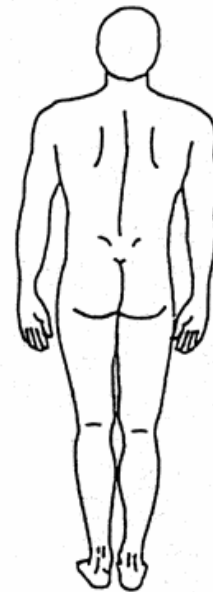
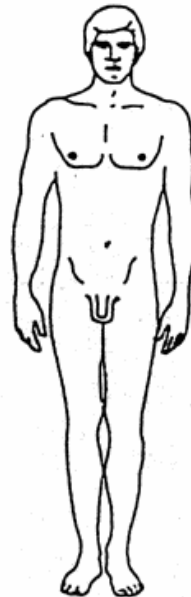
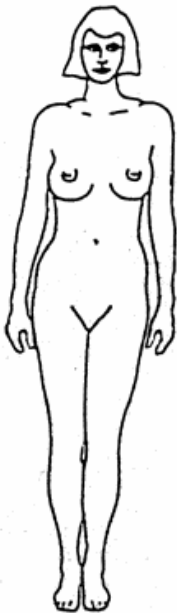
Patient ID# _____

Patient Name _____

Provider Name _____

Patient Pregnant? Yes No

<p>IPV Screen</p> <p><input type="checkbox"/> IPV + (Positive)</p> <p><input type="checkbox"/> IPV ? (Suspected)</p>



ASSESS PATIENT SAFETY

- Yes No Is abuser here now?
- Yes No Is patient afraid of their partner?
- Yes No Is patient afraid to go home?
- Yes No Has physical violence increased in severity?
- Yes No Has partner physically abused children?
- Yes No Have children witnessed violence in the home?
- Yes No Threats of homicide?
By whom: _____
- Yes No Threats of suicide?
By whom: _____
- Yes No Is there a gun in the home?
- Yes No Alcohol or substance abuse?
- Yes No Was safety plan discussed?

REFERRALS

- Hotline number given
- Legal referral made
- Shelter number given
- In-house referral made
- Describe: _____
- Other referral made
- Describe: _____

REPORTING

- Law enforcement report made
- Child Protective Services report made
- Adult Protective Services report made

PHOTOGRAPHS

- Yes No Consent to be photographed?
- Yes No Photographs taken?

