## Appendix A

Part I: Intimate Partner Violence:

## INTIMATE PARTNER VIOLENCE SCREENING/DOCUMENTATION FORM

Date:		Patient ID#
IPV Screen  ☐ IPV + (Positive) ☐ IPV ? (Suspected)		Patient Name Provider Name Patient Pregnant? □ Yes □ No
ASSESS PATIE  Yes No  Yes No	INT SAFETY Is abuser here now? Is patient afraid of their partner? Is patient afraid to go home?	REFERRALS  Hotline number given Legal referral made  Shelter number given
☐ Yes ☐ No	Has physical violence increased in severity?	☐ In-house referral made Describe:
☐ Yes ☐ No	Has partner physically abused children? Have children witnessed violence in the home?	☐ Other referral made Describe: REPORTING
☐ Yes ☐ No	Threats of homicide? By whom:	<ul><li>□ Law enforcement report made</li><li>□ Child Protective Services report made</li></ul>
☐ Yes ☐ No	Threats of suicide? By whom:	☐ Adult Protective Services report made
☐ Yes ☐ No	Is there a gun in the home?	PHOTOGRAPHS
☐ Yes ☐ No	Alcohol or substance abuse?	$\square$ Yes $\square$ No Consent to be photographed?
□ Yes □ No	Was safety plan discussed?	□Yes □No Photographs taken?

## Women's Health Anthology

PROGRESS NOTES	Date:
(Using S.O.A.P. Format)	Time:
(Coming C.C.) in 1.1 chinaty	
[Describe frequency and severity of present and past a mechanism, location and extent of injury and/or other	abuse (use direct quotes); describe symptoms/condition.]