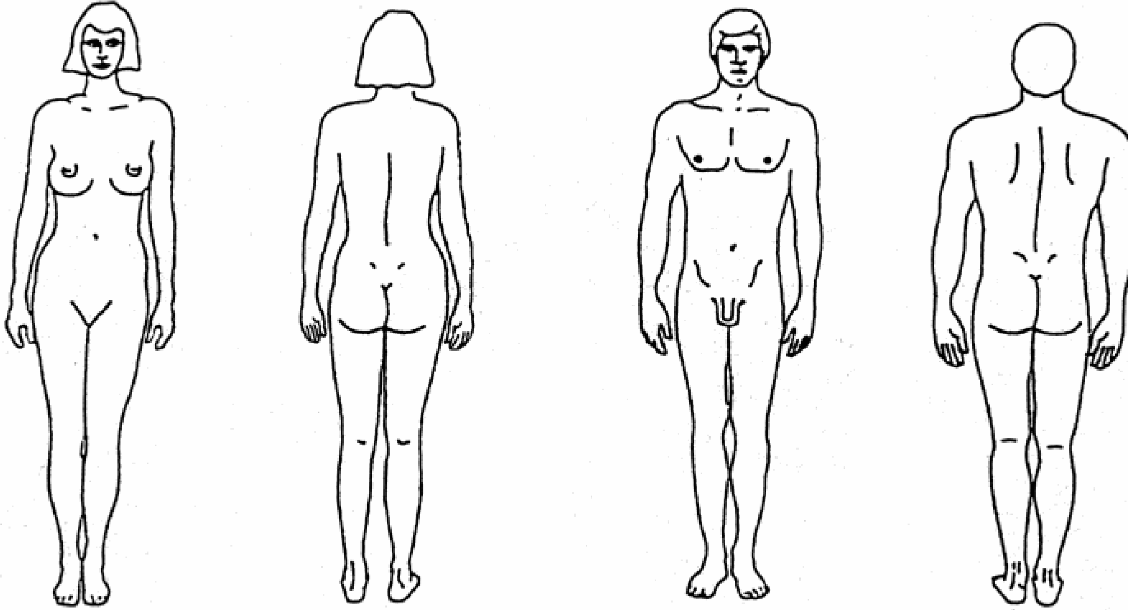
Appendix A

DOMESTIC VIOLENCE SCREENING/DOCUMENTATION FORM

DV Screen
Î DV + (Positive)
Î DV ? (Suspected)

Date: ____________ **Patient ID#** ___________
Patient Name ___________________________
Provider Name ___________________________
Patient Pregnant? Î Yes Î No



ASSESS PATIENT SAFETY

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

REFERRALS
Î Hotline number given
Î Legal referral made

Î Shelter number given
Î In-house referral made
Describe:________________________
Î Other referral made
Describe: _______________________

REPORTING
Î Law enforcement report made
Î Child Protective Services report made
Î Adult Protective Services report made

PHOTOGRAPHS
ÎYes ÎNo Consent to be photographed?
ÎYes ÎNo Photographs taken?

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Attach photograph and consent form

PROGRESS NOTES
(Using S.O.A.P. Format)

Date: ___________________
Time: ___________________

[Describe frequency and severity of present and past abuse (use direct quotes); describe mechanism, location and extent of injury and/or other symptoms/condition.]

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