ELDER ABUSE SCREENING/DOCUMENTATION FORM

LA ? (Suspected)			
NT SAFETY Is abuser here now? Is patient afraid of their	REFERRALS ☐ Hotline number given ☐ Legal referral made		
friends/family/care giver?			
	그렇게 되는 것이 되면 있다면 하는 것이 없는 것이 없는 것이 없다.		
increased in severity?	Describe:		
	☐ Other referral made		
Has patient witnessed	Describe.	_	
violence in the home?	REPORTING		
	☐ Law enforcement report made		
Threats of suicide?	. ☐ Adult Protective Service	s report made	
By whom: Is there a gun in the home?	PHOTOGRAPHS		
	INT SAFETY Is abuser here now? Is patient afraid of their friends/family/care giver? Is patient afraid to go home? Has physical violence increased in severity? Has friend/family/care giver physically abused children? Has patient witnessed violence in the home? Threats of homicide? By whom: Threats of suicide? By whom:	Provider Name Patient Pregnant? Yes NT SAFETY Is abuser here now? Is patient afraid of their friends/family/care giver? Is patient afraid to go home? Has physical violence increased in severity? Has friend/family/care giver physically abused children? Has patient witnessed violence in the home? Threats of homicide? By whom: REFERALS Hotline number given Legal referral made Describe: Other referral made Describe: Other referral made Describe: Adult Protective Service Adult Protective Service Adult Protective Service	

 \square Yes \square No Consent to be photographed?

Attach photograph and consent form

☐Yes ☐No Photographs taken?

☐ Yes ☐ No Alcohol or substance abuse?

☐ Yes ☐ No Was safety plan discussed?

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