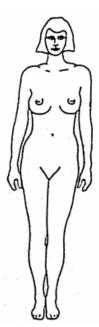
ELDER ABUSE SCREENING/DOCUMENTATION FORM

EA Screen

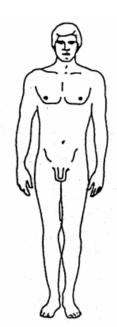
I EA + (Positive)

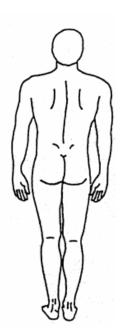
FA? (Suspected)

Date: _____ Patient ID# _____ Patient Name _____ Provider Name _____ Patient Pregnant? Î Yes Î No









ASSESS PATIENT SAFETY

¹ Yes	۱ No	Is abuser here now?
اً Yes	Î No	Is patient afraid of their friends/family/care giver?
آ Yes	۱No	Is patient afraid to go home?
آ Yes	Î No	Has physical violence increased in severity?
آ Yes	Î No	Has friend/family/care giver physically abused children?
آ Yes	Î No	Has patient witnessed violence in the home?
آ Yes	Î No	Threats of homicide? By whom:
اً Yes	Î No	Threats of suicide? By whom:
اً Yes	۱No	Is there a gun in the home?
آ Yes	۱ÑO	Alcohol or substance abuse?
Î Yes	۱ÑO	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

I Adult Protective Services report made

PHOTOGRAPHS

ÎYes ÎNo Consent to be photographed?

ÎYes ÎNo Photographs taken?

Attach photograph and consent form

Elder Abuse: The Registered Nurse's Role in Assessment and Intervention

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