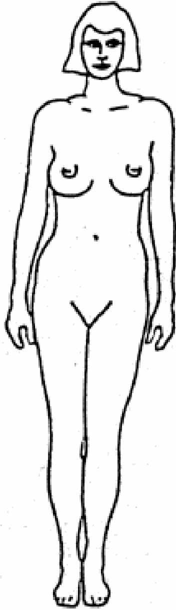
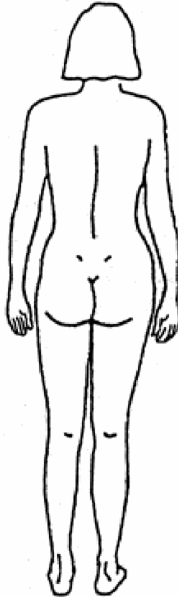
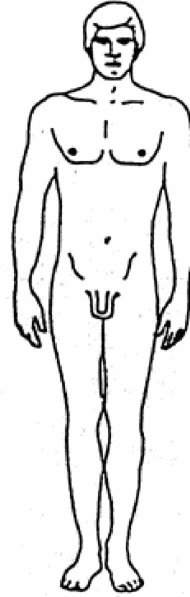
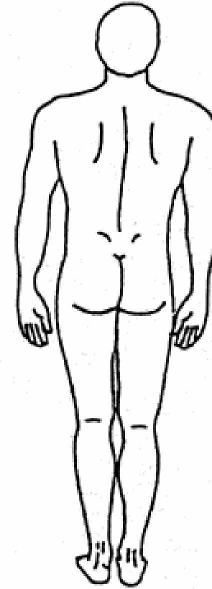
INTIMATE PARTNER VIOLENCE SCREENING/DOCUMENTATION FORM

Date: ____________

Patient ID# ____________________________
Patient Name ___________________________
Provider Name __________________________
Patient Pregnant? ☐ Yes ☐ No

IPV Screen
☐ IPV + (Positive)
☐ IPV ? (Suspected)

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?

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.]