

DOMESTIC VIOLENCE ASSESSMENT

Date _____ Patient ID # _____

Patient Name _____

Patient pregnant yes no

R= Routinely Screen

"Because violence is so common in peoples' lives, I've begun to ask about it routinely."

A=Ask Direct Questions

- yes no Are you afraid at home?
- yes no Are you in a relationship in which you have been hurt or threatened?
- yes no Have you ever been hit, kicked, or punched by someone close to you? _____ # of times in the past year.
- yes no I notice you have a number of bruises; did someone do this to you?

D=Document Your Findings

Patient report: Patient's description of assault (use patient's own words)

Provider Evaluation

yes no Domestic Violence confirmed by patient.

If yes, name and relationship of perpetrator:

yes no Domestic Violence suspected. State reasons:

A=Assess Patient Safety

- yes no Is client afraid to go home?
- yes no Increase in severity/frequency of abuse?
- yes no Threats of homicide or suicide?
- yes no Weapon present?
- yes no Do you want police intervention?

R=Review Options and Referrals

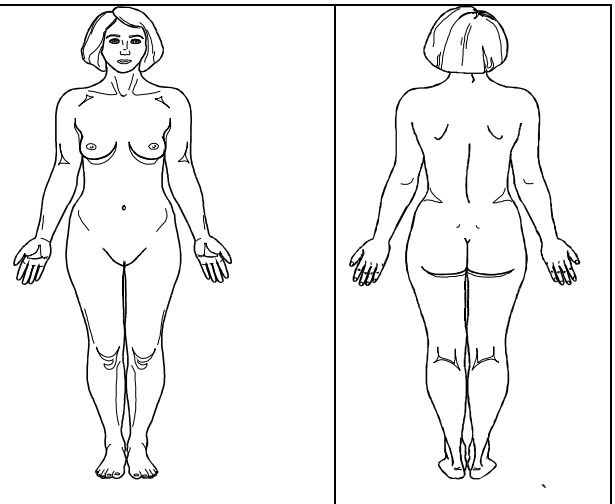
- yes no Need immediate shelter?
- yes no Hotline number/community resources given?
- yes no Referred to AWARE staff?
- yes no Referred to outside source?
- yes no Follow-up appointment made? Date _____
- yes no Can patient be called at home? If no, is there a safe number where patient can be reached?

Provider Signature _____

Check Physical Findings

Indicate Where Injury Was Observed

| | Contusion | Abrasion | Laceration | Bleeding | Tenderness |
|----------|-----------|----------|------------|----------|------------|
| Head | | | | | |
| Ears | | | | | |
| Nose | | | | | |
| Cheeks | | | | | |
| Mouth | | | | | |
| Neck | | | | | |
| Shoulder | | | | | |
| Arms | | | | | |
| Hands | | | | | |
| Chest | | | | | |
| Back | | | | | |
| Abdomen | | | | | |
| Genitals | | | | | |
| Buttocks | | | | | |
| Legs | | | | | |
| Feet | | | | | |



yes no Photographs taken?

Addressograph _____