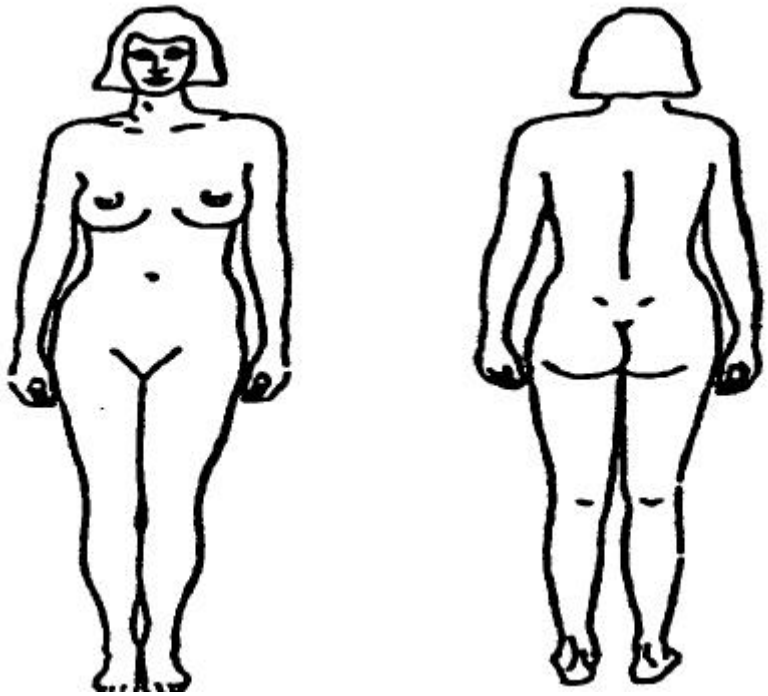
DOMESTIC VIOLENCE

DV Screen
☐ DV+ (Positive)
☐ DV+ (Suspected)

Date: _____ID # _____
Time:_____ Patient DOB_____
Patient Name: _____
Provider Name:_____



DANGER ASSESSMENT

Indicate on the drawing of the body above anywhere you have been hurt by your current partner. Indicate any place a weapon has been used.

Several risk factors havwe been associated with homicides (murder) of both batterers and battered women/men through research which has been conducted after the killings have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and to see how many of the risk factors apply to your situation. The s/he in the question refers to husband, wife, life partner, ex-husband, ex-wife, ex-partner, or whoever is physically hurting you.

Please check **YES** or **NO** for each question.

☐ YES	☐ NO	1.	Is the abuser here now?
☐ YES	☐ NO	2.	Is patient afraid of their partner?
☐ YES	☐ NO	3.	Is patient afraid to go home?
☐ YES	☐ NO	4.	Has physical violence increased in frequency?
☐ YES	☐ NO	5.	Has physical violence increased in severity?
☐ YES	☐ NO	6.	Does abuser ever try to choke you?
☐ YES	☐ NO	7.	Threats of homicide?
☐ YES	☐ NO	8.	Does abuser control daily activities (i.e. use of money, transportation, friends)? If abuser tries, but you do not allow it, check here ____.
☐ YES	☐ NO	9.	Is abuser violently and constantly jealous of you (i.e. "If I can't have you, no one can")?
☐ YES	☐ NO	10.	Alcohol or substance abuse?
☐ YES	☐ NO	11.	Threats of suicide? By whom: _____
☐ YES	☐ NO	12.	Is there a gun in the house?
☐ YES	☐ NO	13.	Has partner physically abused children?
☐ YES	☐ NO	14.	Have children witnessed violence in the home?
☐ YES	☐ NO	15.	Has patient discussed a safety plan with anyone?

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.

REFERRALS

- ☐ Safety Plan Made
- ☐ 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 Photograph taken?