

EMS SOCIAL SERVICES REFERRAL FORM

Report of Suspected Adult or Child Abuse or Neglect

Date: _____

Time: _____

Subject's Last Name: _____

First Name: _____

Address: _____

D.O.B. or Estimated Age: _____

Sex M F Race: B W Other

Telephone: _____

S.S. No. _____ - _____ - _____

Mother or Guardian's Name: _____

Father's Name: _____

Address: _____

Address: _____

REASON FOR REPORT (check any that apply)

Abuse Neglect Self-Neglect Exploitation Physical/Emotional Trauma

Environmental: Temperature Odor Sanitation Hazards

Social: Crisis Intervention Support Food
 Activities/Daily Living Shelter Clothing

Medical: Hygiene Medication Compliance with Medical Care

Medical Condition: Poor Deteriorated

Mental: Confusion Evaluate for Mental Illness

Substance Abuse: Alcohol Illegal Drug Prescription
 Over the Counter Medication

Comments: (including nature and extent of known or suspected injuries' abuse or neglect)

Name of Alleged Perpetrator: _____

Relationship to Subject: _____

Any known previous abuse, neglect or injuries: _____

REPORTED BY:

Name: _____ Agency: _____

Address: _____ Telephone: _____

As a mandated reporter, I have notified the appropriate protective agency. Yes No

As a mandated reporter, I have sent a copy of this form to the appropriate protective agency. Yes No

List agency (see back) _____ Contact Person _____

Signature _____ Date _____

USE OF THIS REPORT SHALL BE IN ACCORDANCE WITH ALL PROVISIONS OF LAW

HOSPITAL STAFF: ROUTE REPORT TO SOCIAL WORK DEPARTMENT

White copy: Protective Agency (see back) Yellow copy: Hospital Social Work Pink Copy: EMS 11-06

To reorder this form, contact GDAHA at (937) 228-1000 or visit www.gdaha.org.