EMS SOCIAL SERVICES REFERRAL FORM
Report of Suspected Adult or Child Abuse or Neglect

Date:

Subject's Last Name:

Address:

Time:

First Name:

D.O.B. or Estimated Age:

Sex □ M □ F
Race: □ B □ W □ Other

S.S. No. ____________________________________________

Father's Name:

Address: ____________________________________________

Phone:

Mother or Guardian's Name:

Address: ____________________________________________

REASON FOR REPORT (check any that apply)

□ Abuse □ Neglect □ Self-Neglect □ Exploitation □ Physical/Emotional Trauma

Environmental:

□ Odor □ Sanitation □ Hazards

□ Temperature □ Support □ Food

Social:

□ Activities/Daily Living □ Shelter □ Clothing

Medical:

□ Hygiene □ Medication □ Compliance with Medical Care

□ Poor □ Deteriorated

Medical Condition:

□ Confusion □ Evaluate for Mental Illness

Mental:

□ Alcohol □ Illegal Drug □ Prescription

Substance Abuse:

□ 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.