

Assessment Guidelines for Safety

Assess Patient Safety

Does the patient feel safe going home?	Yes	No
Is there a gun/other harmful weapons in the home?	Yes	No
Is the abuser there now?	Yes	No
Is the patient suicidal?	Yes	No
Is the patient homicidal?	Yes	No
Is the abuser suicidal?	Yes	No
Is the abuser homicidal?	Yes	No
Is the violence increasing in severity or frequency?	Yes	No
Is the abuser also abusing the children?	Yes	No
Are the children safe now?	Yes	No
Does the abusive partner abuse alcohol or drugs?	Yes	No
Is the patient being stalked?	Yes	No

Review of Options/Referrals

Safety plan discussed?	Yes	No
DV crisis center advocate in to see patient?	Yes	No
Social work referral?	Yes	No
DV crisis center hotline given? (see the Resource Guide)	Yes	No
Shelter information given?	Yes	No
Follow-up appointment made?	Yes	No
Translator available?	Yes	No
Translator utilized?	Yes	No
What language?		
Is the translator a non-family member/friend?	Yes	No
Can you receive help from family or friends?	Yes	No
Reporting		
Law enforcement notified? City/town _____	Yes	No
Patient requested protective order?	Yes	No
Patient received protective order?	Yes	No
Adult protective services notified? (if mandated by law)	Yes	No
Child protective services notified? (if mandated by law)	Yes	No
Photographs		
Photograph consent obtained?	Yes	No
Photographs taken?	Yes	No
Evidence		
Evidence collected?	Yes	No
Chain of custody maintained?	Yes	No