|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office Use Only  Urgent  Routine | | | | Date: 00/00/0000 | | | | | Case Number: 0000 | | |
| **ORANGE COUNTY ELDER ABUSE FORENSIC CENTER REFERRAL** | | | | | | | | | | | |
| **Section 1 – Consultation Information (Members Requested)** | | | | | | | | | | | |
| **Adult Protective Services** | | **Dept. Mental Health** | | | | **D.A.** | | | | **Regional Center** | |
| **Coroner/ME** | | **Law Enforcement** | | | | **Attorney Other** | | | | **Psychologist** | |
| **Medical Practitioner** | | **Ombudsman** | | | | **Public Guardian** | | | | **Other (describe):****Legal Aid** | |
| **Section 2** –  **Referring Agency Information Referring Case Number** | | | | | | | | | | | |
| **First Name** | **Last Name** | | | | **FC Team Member** | | | | | **E-mail** | |
| Jorge | Sole | | | | other: | | | | | jsole@hs.uci.edu | |
| **Office Phone** | **Office Fax** | | | | **Mobile Phone** | | | **Supervisor Name** | | | |
| (714) 456-8586 | (714) 456-7933 | | | |  | | | Jacklyn Schult | | | |
| **Section 3 – Client Information** | | | | | | | | | | | |
| **First Name** | **Last Name** | | | | **Age** | | **DOB** | | **Language** | | **Translation/Communication Needs** |
| John | Doe | | | | 97 | | 9/30/1923 | | English | | UNK |
| **Level of Education** | | | **Ethnicity** | | | | **Gender** | | | **Marital Status** | |
|  | | |  | | | |  | | |  | |
| **Address** | | | **City** | | | | **Zip Code** | | | **Telephone** | |
| 200 S. Manchester Ave | | | Orange | | | | 92868 | | | UNK | |
| **Physician Name** | | | **Physician Telephone** | | | | **Insurance** | | | Medications and Dosage | |
| UNK | | | UNK | | | | Medi-Cal | | | UNK | |
| Illnesses and Addictions | | | | | | | | | |  | |
| Hypertension | | | | | | | | | |  | |
| **Physical Functional Status: Appears…** | | | **Cognitive Status: Appears…** | | | | | | |  | |
|  | | |  | | | | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Living Setting | | | | Lives With | | | | | | | |
|  | | | |  | | | | | | | |
| Previous Reports of Abuse | | | | | | | | | | | |
| No  Yes **Yes, explain** | | | | | | | | | | | |
| **Section 4 – Alleged Abuser Information** | | | | | | | | | | | |
| **First Name** | | **Last Name** | | | | **Organization** | | | **Age/Decade of Life** | **DOB** | |
| Johnny | | Doe | | | |  | | | 65 | UNK | |
| **Ethnicity** | | **Gender** | | | | **Language** | | | **Translation/Communication Needs** | | |
|  | |  | | | |  | | |  | | |
| **Relationship to Client** | | **Primary Caregiver?** | | | | **Lives with Client** | **Mental Illness** | | | | |
|  | | Y  N | | | | Y  N | if yes: | | | | |
| **Addiction - Alcohol** | | **Addiction – Illicit Drugs** | | | | **Addiction – Prescription Drugs** | | | **Addiction -Other** | | |
| Y  N  Unknown | | Y  N  Unknown | | | | Y  N  Unknown | | |  | | |
| **Address** | | | | | **City** | | **Zip Code** | | | | **Telephone** |
| UNK | | | | |  | |  | | | |  |
| **Section 5 – Abuse Information** | | | | | | | | | | | |
| Other Agencies Involved | | | | Reporting Party | | | **Others with knowledge of abuse** | | | | |
|  | | | |  | | |  | | | | |
| **Types of Abuse (Check all that apply)** | | | | | | | | | | | |
| **Abandonment** | **Financial – Other** | | **Self-Neglect** | | | | | Physical – Constraint or Deprivation | | | |
| **Abduction** | **Est. loss $** **250,000.00** | | **Neglect by Others** | | | | | **Physical – Medication** | | | |
| **Emotional** | **Isolation** | | **Physical – Assault/Battery** | | | | | **Undue Influence** | | | |
| **Financial – Real Estate** | **Sexual** | | **Physical – Chemical Restraint** | | | | | **Other** | | | |
| Narrative (attach additional pages if necessary) – Chronological order with dates appreciated | | | | | | | | | | | |
| Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum. | | | | | | | | | | | |