|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office Use Only  Urgent  Routine | | | | Date: | | | | | Case Number: | | |
| **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):** | |
| **Section 2** –  **Referring Agency Information Referring Case Number** | | | | | | | | | | | |
| **First Name** | **Last Name** | | | | **FC Team Member** | | | | | **E-mail** | |
|  |  | | | | other: | | | | |  | |
| **Office Phone** | **Office Fax** | | | | **Mobile Phone** | | | **Supervisor Name** | | | |
|  | UNK | | | | UNK | | | UNK | | | |
| **Section 3 – Client Information** | | | | | | | | | | | |
| **First Name** | **Last Name** | | | | **Age** | | **DOB** | | **Language** | | **Translation/Communication Needs** |
|  |  | | | |  | |  | | English | | UNK |
| **Level of Education** | | | **Ethnicity** | | | | **Gender** | | | **Marital Status** | |
|  | | |  | | | |  | | |  | |
| **Address** | | | **City** | | | | **Zip Code** | | | **Telephone** | |
|  | | |  | | | |  | | |  | |
| **Physician Name** | | | **Physician Telephone** | | | | **Insurance** | | | Medications and Dosage | |
|  | | |  | | | |  | | |  | |
| Illnesses and Addictions | | | | | | | | | |  | |
|  | | | | | | | | | |  | |
| **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** | |
|  | |  | | | |  | | |  |  | |
| **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** |
|  | | | | |  | |  | | | |  |
| **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 $** | | **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 | | | | | | | | | | | |
|  | | | | | | | | | | | |