|  |
| --- |
| Office Use Only: [ ]  Case Consultation [ ]  MDT Case Review [x]  Not Eligible Date Received:       |
| **ELDER ABUSE MULTIDISCIPLINARY TEAM REFERRAL FORM** |
| **Section 1 – Consultation Information (Members Requested)** |
| [ ]  **Adult Protective Services** [ ]  **Attorney General’s Office** [ ]  **Law Enforcement** [ ]  **Financial Institution**[ ]  **Ombudsman** [ ]  **Civil Attorney/Legal Services** [ ]  **Medical Practitioner** [ ]  **Other (describe):**  |
| **Section 2 – Referring Agency Information** |
| **First Name**  | **Last Name** | **Email** | **Agency Name** |
| **Office Phone** | **Office Fax** | **Mobile Phone** | **Supervisor Name** |
| **Have you made a report to Adult Protective Service (APS) and/or Ombudsman:** [ ]  **No** [ ]  **Yes** RI law requires you to report suspected abuse, neglect, or financial exploitation |
| **Section 3 – Client Information** |
| **First Name** | **Last Name** | **DOB** | **Age** | **Gender****Select...** |
| **Ethnicity****Select...** | **Language** | **Translation/Communication Needs** | **Marital Status****Select...** |
| **Home Address** | **City** | **Zip Code** | **Telephone** |
| **Current Address if Different from Home** | **Medications/Dosage (Attach additional pages if necessary)** |
| **Physician Name** | **Physician Telephone** | **Insurance** |
| **Illnesses**  |
| **Physical Functioning Status: Appears…****Select...** | **Cognitive Status: Appears…****Select...** |
| **Living Setting****Select...** | **Lives with** |
| **Previous Reports of Abuse:** [ ]  **No** [ ]  **Yes, explain**  |
| **Section 4 – Alleged Abuser Information** |
| **First Name** | **Last Name** | **Age** | **DOB** |
| **Ethnicity****Select...** | **Gender****Select...** | **Language** | **Translation/Communication Needs** |
| **Relationship to Client** | **Primary Caregiver** [ ]  **Yes** [ ]  **No** | **Lives with Client**[ ]  **Yes** [ ]  **No** | **Mental Illness****Select... Yes:**  |
| **Address** | **City** | **Zip Code** | **Telephone** |
| **Section 5 – Abuse Information** |
| **Type of Abuse (Check all that apply)** |
| [ ]  **Physical Abuse** [ ]  **Sexual Abuse** [ ]  **Neglect** [ ]  **Abandonment**[ ]  **Emotional Abuse** [ ]  **Isolation** [ ]  **Self-Neglect** [ ]  **Financial Exploitation** |
| **Brief Description (attach additional pages if necessary)** |
| **Other Agencies Involved** | **Others with Knowledge of Abuse** |
| **Section 6 – Issues or Concerns Regarding Elder Abuse** |
| **Brief Description (attach additional pages if necessary)** |