Canterbury
District Health Board
Te Poari Hauora o Waitaha

SURNAME ..... NHI .....
FIRST NAME ..... DOB .....
ADDRESS .....
..... POSTCODE .....
(or affix patient label)

IPV FV ASSESSMENT & INTERVENTION

Intimate Partner Violence (IPV) Family Violence (FV) Assessment and Intervention

Risk assessment	☐ Declined Please state reason:
IPV routine enquiry	☐ IPV+ (positive) Date: ……. / ……. / ……..
Assess pregnancy risk	Are you pregnant? ☐ Yes ☐ No | EDD: | LMC:
	Have you ever been beaten by your partner while pregnant? ☐ Yes ☐ No ☐ Declined ☐ Not asked
Assess risk to children	Have the children seen or heard the violence? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	Has anyone physically abused the children? ☐ Yes ☐ No ☐ Declined ☐ Not asked *If yes, who? (full name and relationship to the child)* ....
	Names and DOB of child(ren) living at home:
Assess person's health and risk	Full name and relationship of alleged abuser(s):
	Are there any current/previous orders on the alleged abuser? ☐ Yes ☐ No *If yes*, please indicate which apply: ☐ Trespass Notice ☐ Protection Order ☐ Bail conditions ☐ Police Safety Order ☐ Recent family violence charges ☐ Custody or parenting order
	A 'yes' answer to any of the health and risk questions requires further description in the history section and intervention as per the Intimate Partner Violence Intervention flowchart
	1. Is your partner here now? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	2. Are you afraid to go/stay home? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	For each of the questions 3, 4, 5 and 6 a 'yes' answer requires further investigation
	3. Has the physical violence increased in frequency or severity over the past year? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	4. Has your partner ever choked you? (one or more times) ☐ Yes ☐ No ☐ Declined ☐ Not asked
	A 'yes' answer to question 4, requires intervention as per the Clinical Guideline: Assessment and Management of Strangulation
	5. Have you ever been knocked out by your partner? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	6. Has your partner ever used a weapon against you, or threatened you with a weapon? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	7. Do you believe your partner is capable of killing you? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	8. Is your partner constantly jealous of you? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	9. If yes – has the jealousy resulted in violence? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	10. Have you recently left your partner, or are you considering leaving? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	11. Has your partner ever threatened to commit suicide? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	12. Have you ever considered hurting yourself/suicide? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	13. Is alcohol or substance misuse a problem for you or your partner? ☐ Yes ☐ No ☐ Declined ☐ Not asked
	14. Do you or your partner have a mental health condition(s)? ☐ Yes ☐ No ☐ Declined ☐ Not asked
Access to support services	What support (if any) is available to you?
	What services have you used in the past or are involved with currently?

COPY OF THE CLINICAL NOTES MUST BE ATTACHED TO THE ePROSAFE REFERRAL

SURNAME ..... NHI .....
FIRST NAME ..... DOB .....
ADDRESS .....
..... POSTCODE .....
(or affix patient label)

IPV FV
Assessment and Intervention

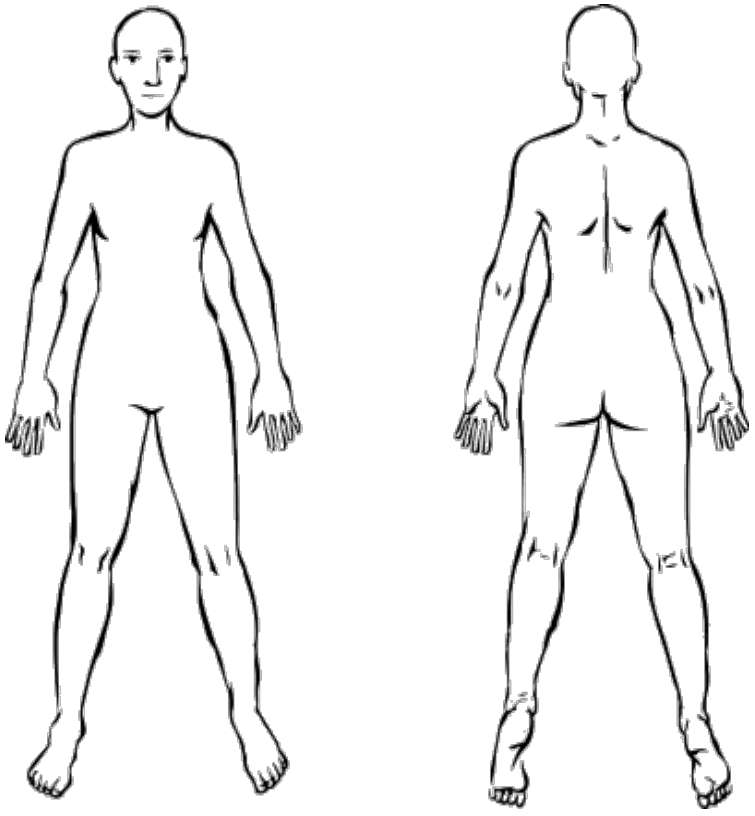
Referrals

☐ Referral(s) declined ☐ No referral or report made
☐ Internal referral ☐ External referral
☐ Police – with consent ☐ Police – without consent
☐ Social Work ☐ Oranga Tamariki – Ministry for Children/CYF
☐ Cultural Support Services(Please specify) ☐ Report of Concern completed and sent
☐ Mental Health Service ☐ Children's Team (if DHB has one)
☐ Sexual Health Service/Sexual Assault Assessment and Treatment Service
☐ Specialist Family Violence Agencies
☐ Provision of Family Violence Community Agency card/referral information
☐ Other *(please specify):* .....

Please state any referral service/agency the person engaged with either face-to-face or via phone at the time if this intervention *(please specify):* .....
.....

Body map

Measure, describe (incl. type, colour, texture, size) and mark location of each apparent injury (incl. bruising, scratches, abrasions, lacerations, areas of pain and tenderness)



Note:
Document history on clinical notes and attach to eprosafe.
Include:
- verbatim quotes
- observations
- patients demeanour
- description of injuries
- mechanism of injury, eg. punched with a closed fist
- weapon used, eg. knife, gun, baseball bat

Police/clinical photography offered: ☐ Yes ☐ No ☐ Accepted ☐ Declined

Photographs taken: ☐ Yes ☐ No

Safety plan (Record in clinical notes and attach to eProsafe)

(Including discharge arrangements)

☐ Safety plan discussed ☐ Safety plan actioned

Name: ..... Date: …….. / …….. / ……..

Designation: ..... Signature: .....

A COPY OF THIS REFERRAL FORM AND A COPY OF THE CLINICAL NOTES MUST BE SENT TO THE CHILD AND FAMILY SAFETY SERVICE OR SMHS FST OR COMPLETED ON OR ATTACHED TO AN ePROSAFE REFERRAL