Sample — Referral Form – Denver

Denver Sample Intake/Referral Form (also used at the MDT case review meeting)

DENVER FORENSIC COLLABORATIVE FOR AT-RISK ADULTS

CASE Number:

In-Take and Screening
Please provide the following information in and send the form in an e-mail to linda.loflinpettit@denvergov.org.

Your Name and Organization:
Client Name: Perpetrator Name:

Who beyond normal DFCAA attendees should be in attendance when this case is presented?

Cannot send client name by e-mail; will call 720.913.8027 with details.

Victim's Relationship to Perpetrator:
Victim's Address:

Client Demographics
Age:
Gender

Ethnicity: Caucasian African American Hispanic
Native American Asian Other (specify):

Client Language Spoken:

At-Risk Population (check all that apply):

Developmental Disability Dementia
Emotional Impairment Frail Elderly
Medically fragile Mental Illness
Neurological Impairment Physical Impairment
Substance Abuse Traumatic Brain Injury
Level of Mistreatment:

Abuse/Physical  Exploitation/Financial
Abuse/Self        Neglect/Other
Abuse/Sexual  Neglect/Self
Exploitation/Other

Safety Risk to Investigative Worker:  Yes  No
If yes, please list safety risk to investigative worker:

Medicaid/Medicare Status:

Victim Assessment:

Current Support System:

Means of Economic Support:

Strengths:

Barriers:

Substance Use/Abuse:  Yes  No  Unknown
If yes, please describe:

Agencies currently involved:

Case Information

Reason for Involvement: Case overview, including presenting issue(s):

Primary risk factors:

Describe what you know about the client's medical and/or mental health history:

Length of relationship/abuse with this Perpetrator:

Arrested:  Yes  No  Prosecuted:  Yes  No

Charges Filed by Prosecution:

If Yes, Disposition of the Case:

Strategic Case Plan:

Case Outcome:

End Notes

Source: Steve Siegel, Denver District Attorney’s Office (personal communication, September 17, 2014).