Adult Abuse and Neglect - www.vchreact.ca - 1-877-REACT-99

re:act Summary of Assessment

CONFIDENTIAL

Health Care Provider or Assessor to photocopy blank form, complete and fax to the Designated Responder when further inquiry or possible protection of a vulnerable adult is indicated. Place copy on patient chart in office and on hospital/residence chart where applicable. Contact 1-877-REACT-99 if you require further direction on where to refer.

Adult/Patient Name: ____________________ **DOB:** __________ **PHN:** __________

Address: ____________________ **Phone:** __________

Family Member/Caregiver: ____________________ **Phone:** __________

A. Summary of Suspected Abuse, Neglect or Self-Neglect: (observed or reported by adult/other)

- ☐ Physical Assault
- ☐ Neglect
- ☐ Theft
- ☐ Fraud
- ☐ Other (specify)
- ☐ Physical Restraint
- ☐ Self-Neglect
- ☐ Financial Abuse
- ☐ Breach of Trust
- ☐ Sexual Assault
- ☐ Psychological/Emotional Abuse
- ☐ Intimidation/Threats
- ☐ Misuse of a Power of Attorney

Details:

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B. Summary of Medical Assessment: Include diagnosis and underlying medical, psychiatric or other condition that may affect decision-making ability.

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C. Summary of Cognitive Function and Executive Dysfunction:

MMSE: __________ 3MS: __________ Other Screening Tool: __________

Comment on reported or observed deterioration in initiating, planning, or performing ADL/IADL's:

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Describe insight & judgement: ____________________

D. Physician Information:

Name: ____________________ Phone: __________ Fax: __________

Signature: ____________________ Date: __________

For more copies, go online at **http://vch.eduhealth.ca** or email **phem@vch.ca** and quote Catalogue No. **CE.22.R43**
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