

Elder Abuse Initial Case Assessment Form

Client Information

Name

Date of Birth

Gender

Address

Phone

Referral Details

Date of Referral

Referrer Name/Agency

Relationship to Client

Alleged Abuse Details

Type of Abuse

Date / Time of Abuse

Describe the Alleged Abuse

Alleged Perpetrator(s) Information

Name

Relationship to Client

Contact Information

Client's Current Status

Physical and Mental Condition

Is the client safe now?

Immediate Action Taken

Details

Additional Notes / Observations

Completed By

Date