

A: SERVICE USER DETAILS					
Surname:		First Name(s):		Age last birthday:	
HISTORY OF FALLS	YES / NO	HISTORY OF PHYSICAL SELF-ABUSE	YES / NO	HISTORY OF MENTAL HEALTH PROBLEMS	YES / NO
Name of person referring the vulnerable adult and disclosing concerns:					
Relationship of person to the vulnerable adult:					
B: CONCERNS & DISCLOSURES ( <i>types of abuse</i> )					
Tick box if applicable					
Self abuse (drinking / self-harm / drugs etc)		Psychological / Emotional (blaming)			
Physical abuse (biting / slapping / pushing / kicking)		Sectarian abuse (verbal / songs & banners etc)			
Institutional / Social (inappropriate restraint)		Financial (theft, mis-use of property)			
Institutional / Social (mis-use of medication)		Financial (theft, mis-use of finances & benefits)			
Sexual (rape)		Neglect (with-holding necessities of life etc)			
Sexual (sexual assault & non-consensual acts)		Discrimination (racism / sexism)			
Psychological / Emotional (humiliation / threats)		Discrimination (religious slurs / disabilities etc )			
Psychological / Emotional (harassment / coercion)					
C: ASSESSMENT SUMMARY - CRITICAL CONCERNS					
Is the vulnerable adult (service user) at risk from the alleged perpetrators because the alleged risk has been discovered? (This may place the service user in an even more vulnerable position)					
If the abuse is confirmed, how does the service user view the situation? Are they aware that abuse has been committed?					
SUMMARISE ALL RISKS TO THE SERVICE USER:					
Signature: _____			Date: _____		