

**Northwest Community EMS System
Suspected Domestic Violence
Patient History Form**

Ask the following questions as part of your patient history and record the victim's responses in their own words:

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
[] Yes [] No
2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
[] Yes [] No
 - If yes, by whom?
 - Number of times:
 - Mark the area of injury on a body map
3. Within the past year, has anyone forced you to have sexual activities? [] Yes [] No
 - If yes, who?
 - Number of times:
4. Are you afraid of your partner or anyone you listed above? [] Yes [] No

If the patient volunteers a history of abuse, further questions might include:

5. Has your partner/ex-partner ever destroyed property in order to threaten you?
[] Yes [] No
6. Has he/she ever hit you with something or thrown something at you?
[] Yes [] No
7. Has he or she ever punched, kicked, or choked you? [] Yes [] No
8. Has he attacked you while you were pregnant? [] Yes [] No
9. Has he or she ever hurt your pets? [] Yes [] No
10. When was the first time he or she did any of these things to you?
11. How often does he or she do any of these things?
12. Is there a pattern to the violence? [] Yes [] No
What is it?
13. Have you ever had to go to the hospital because of what he or she did? [] Yes [] No
14. What happened? What was their response?
15. Does he or she have a weapon? [] Yes [] No
What is it?
Has he or she ever used it? [] Yes [] No
How?
Has he or she ever threatened to kill you, pets, or the children? [] Yes [] No
16. Have you ever called the police? [] Yes [] No
What was their response?
- Do you have a restraining order/order of protection against your partner? [] Yes [] No