

**ANGUS COUNCIL SOCIAL WORK AND HEALTH
REPORT OF AN ADULT PROTECTION INVESTIGATION**



SUBJECT PERSON (* delete as appropriate)

CareFirst No:	Date of referral:
Surname:	Alias:
Forename(s):	Alias:
Gender: Male/Female*	DOB:
Home address:	
	Postcode:
Current address (if different from above):	
	Postcode:

REFERRAL

Name of referrer:	
Agency:	Status:
Address:	
	Postcode:
Details of referral:	
Specific requests of referrer:	

ACTION CHECKLIST

	Date		Date
CareFirst check:	<input type="text"/>	Police:	<input type="text"/>
Health check:	<input type="text"/>	Consultation team leader/manager:	<input type="text"/>
Enter referral on CareFirst:	<input type="text"/>	Service providers (residential; day care , home care etc)	<input type="text"/>

INVESTIGATING PERSONNEL

Date report submitted for typing : ____ / ____ / ____

	Name	Office	Signature	Date
Lead worker:				
2nd worker:				
Team leader:				
Manager:				

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OTHER RESIDENTS AT HOME ADDRESS (* delete as appropriate)

Surname:		Surname:	
Alias:		Alias:	
Maiden name:			
Forename(s):		Forename(s):	
DOB (d/m/y):	___ / ___ / _____	DOB (d/m/y):	___ / ___ / _____
Relationship:			Relationship:

OTHER SIGNIFICANT ADULTS

(if non-resident, deceased or non-sibling, state relationship to subject)

Name	DOB	Relationship	Location/address inc postcode

CONTACT WITH CHILDREN

Name	DOB	Address (inc Postcode)	Relationship to child

AGENCY LINKS

	GP	Health/other *
Name:		
Address (inc Postcode):		
Tel No (inc STD):		

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POLICE INVOLVEMENT IN REFERRAL

Police officer contacted * or referring * (* delete as appropriate)

Name:	Rank:	No:
Office:	Date of contact:	Time of contact:
Tel no (inc STD):		

Information provided by police to date:

Action taken by police to date:

Known offenders in subjects network

Name:	Current address:	
		Postcode:
Previous offence(s)*:		
Date:	Court:	
Name:	Current address:	
		Postcode:
Previous offence(s)*:		
Date:	Court:	

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Subjects offence history

Previous offence(s)*:

Date:

Court:

Proposed future action by police:

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MEDICAL INVESTIGATION

GP (name):
Address (inc postcode):
Tel No (inc STD):
Date:
Location of medical:
Comment by medical practitioner on nature and extent of injuries: (include any specialist assessment/x-rays/photographs)
Outcome of medical investigation (tick appropriate box) Strong medical evidence of abuse: <input type="checkbox"/> Diagnosis uncertain: <input type="checkbox"/> No indication of abuse: <input type="checkbox"/>

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RECORD OF INVESTIGATION (*delete as appropriate)

Summary of actions taken (times/dates*):
Brief history and current situation:
Assessment of risk to subject and proposed responses/support*:

PROTECTIVE ACTION TAKEN

Recommend convening case conference? *YES/NO

Action proposed to advise referrer of outcome:	
Other (please specify)	

