

TENNESSEE DEPARTMENT OF HEALTH

Division of Health Statistics Domestic Violence Reporting 4th Floor, Cordell Hull Building 425 5th Avenue North Nashville, TN 37243 Telephone: 615-741-1954 Fax: 615-253-1688

DOMESTIC VIOLENCE SCREENING/STATISTICAL REPORT

Reporting Pursuant to T.C.A. 36-3-621

The identity of a person who reports domestic abuse, neglect, or exploitation, and the information as reported, are confidential and privileged and may not be revealed unless a court with jurisdiction so orders for good cause shown.

	Faci	lity Information	1999 - Carlos Carlos (1999)		
Name of reporting facility:				Date of Report:	
County location of reporting faci	ility:				
Type of reporting Facility					
Ambulatory Surgical	Home Heal	th 🔲	Walk-in Clinic		
Emergency Department	Private Prace	ctice	Other: Specify		
Person Reporting					
Name:					
First Mid	idle Last		Generational ID		
Occupation:					
Patient Information					
County of Residence:		ZipCode:		Age of Patient:	
Female Ye Male No		Race: White Black American Indian/A Asian/Pacific Islar Other Unknown		Hispanic: Yes No Unknown	
	Relationship	of Perpetrator to Vict	tim		
Perpetrator was the victim's					
HusbandEx-husbandBoyfriendEx-boyfriend	Wife Ex-wife Girlfriend Ex-girlfriend	 Father Mother Child Sibling 	Grandparent Grandchild Other: Unknown	Specify	
	Vic	ctim Referrals			
Was a safety plan discussed with Referrals: (Check all that apply) Advocacy Center DV Hotline	h the patient? Yes Police Rape Crisis Center	 No Unknowr Shelter/safe spac Social Services 	pressed.	nown er: Specify	

TENNESSEE DEPARTMENT OF HEALTH

DOMESTIC VIOLENCE SCREENING/STATISTICAL REPORT

Nature and Extent of Injury					
Domestic violence/abuse related to injuries					
Confirmed by patient					
Previous Reporting: Have you previously reported abuse of this patient to the Department of Health in the last 12 months? Yes No Unknown					
Number of times :					
Was alcohol or substance abuse involved? Yes No Unknown If yes, by whom? Abuser Patient Both					
Weapons reported used: (Check all that apply)					
Blunt Object Firearms/Explosives Other: Fire (i.e. cigarette burns) Hand, fist or feet Specify					
Cutting and Piercing Instrument INone Weapon Unknown					
Injuries: (Check all that apply)					
Abrasions Burns Cuts Sexual Assault					
Broken/loss of teeth Complaint of strangulation Fracture None Bruises Concussion Gun Shot Wounds Unknown					
Specify					
Overall severity assessment indicator:					
Did not need medical treatment					
Not hospitalized but needed medical treatment Hospitalized in poor or critical condition Unknown					
Comments/Notes					
Important numbers					
Email form questions to DomesticViolence.Health@state.tn.us Referral and resource questions call the Tennessee Coalition Against Domestic and Sexual Violence at 615-386-9406					
24 hour hotline referral for victims, Tennessee Domestic Violence Hotline 1-800-356-6767					