



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.

Facility Information

Name of reporting facility: Date of Report:

County location of reporting facility:

Type of reporting Facility

☐ Ambulatory Surgical ☐ Home Health ☐ Walk-in Clinic
☐ Emergency Department ☐ Private Practice ☐ Other:
Specify

Person Reporting

Name:
First Middle Last Generational ID

Occupation:

Patient Information

County of Residence: ZipCode: Age of Patient:

Sex:

☐ Female
☐ Male

Patient Pregnant:

☐ Yes
☐ No
☐ Unknown

Race:

☐ White
☐ Black
☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Other
☐ Unknown

Hispanic:

☐ Yes
☐ No
☐ Unknown

Relationship of Perpetrator to Victim

Perpetrator was the victim's

☐ Husband ☐ Wife ☐ Father ☐ Grandparent
☐ Ex-husband ☐ Ex-wife ☐ Mother ☐ Grandchild
☐ Boyfriend ☐ Girlfriend ☐ Child ☐ Other:
☐ Ex-boyfriend ☐ Ex-girlfriend ☐ Sibling ☐ Unknown Specify

Victim Referrals

Was a safety plan discussed with the patient? ☐ Yes ☐ No ☐ Unknown

Referrals: (Check all that apply)

☐ Advocacy Center ☐ Police ☐ Shelter/safe space ☐ Unknown
☐ DV Hotline ☐ Rape Crisis Center ☐ Social Services ☐ Other:
Specify

