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or mail print and mail to 10 E Monument St. Colorado Springs, CO 80903.



E-MDT REFERRAL FORM

Referring Party/Agency

Name _____ Date _____

Contact Info Phone Number + Extension _____ Email _____

Client Info:

Client Name _____ DOB/Approximate Age _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Gender _____ Ethno-Racial Identity _____

Residential Setting (please describe) _____

Primary Language _____ Could client benefit from interpreter? _____

Source(s) of income:

SSI Private Pension SS Retirement VA Pension SSDI Unknown

Health Insurance:

Tri-Care Medicaid Medicare Private Insurance None/Unknown

Alleged Abuser Info:

Name _____ DOB/Approximate Age _____

Relationship to the client _____ Access to the client or finances? _____

Does the alleged abuser reside with the at-risk adult? _____

Support Network Info:

Name _____ Agency _____

Address _____ City _____ Zip _____

State _____

Phone # _____ Relationship to client _____

Legal Authority:

Medical Proxy POA-Financial POA-Medical POA-General

Guardianship (Permanent or Emergency) Conservator (Permanent or Emergency)



Rep Payee _____

Does Support have access to the client? (please describe): _____

Allegation(s): (Check all that apply)

Caretaker Neglect	Exploitation	Self-Neglect	Sexual Abuse
No Mistreatment	Physical Abuse	_____	

Caretaker Neglect

What care is needed but not being provided?

Adequate nutrition/hydration	Adequate Supervision
Appropriate medical treatment	Bathing and Hygiene
Medication management	Transportation
Social Interaction, family/friends visitation	Managing home cleanliness

Please explain: _____

Exploitation

How is the money/property being used? Is there an influence/coercion? Yes **No**

For another person's personal needs For things adult would not use/purchase

There is a questionable transfer of money/property For illegal Activity _____

There is an unexplained loss of money/property Without adult's knowledge/permission _____

Please explain: _____



Physical Abuse

Has the adult experienced any of the following?

Inappropriate confinement

Inappropriate Restraint

Pain as a result of the person's action(s)

Are there any injuries?

Broken Bones

Cuts

Scratches

Visible Marks/Injuries

Please explain:

Self-Neglect

Concerns impacting health/safety:

Malnutrition; weight loss/gain

Mismanagement of medications

Substance abuse

Refuses recommended services

Poor hygiene; not bathing

Untreated medical condition

Untreated mental health

Please explain:

Concerns that make the living environment unsafe:

Hoarding, including animals

Unpaid utilities

Lack of access/pathways

Non-working utilities

Imminent foreclosure or eviction

Vermin/pest infestation

Non-working appliances

Unclean

Please explain:



Sexual Abuse:

Harasses the adult in a sexual manner

Makes sexual innuendoes toward the adult

Makes the adult perform sexual acts

Makes the adult watch pornography

Please explain:

Does the Client have any diagnoses Medical, Cognitive, or Physical Disabilities?

Decision-making/understanding deficits

Medical conditions

Memory-deficits

Mental illness

Substance abuse

Physical conditions

Please explain:

Please list any diagnoses here:

Please provide list of current medications and reason for use:



What would you like guidance on from the E-MDT?
