SAN MATEO COUNTY
REPORT OF INJURIES BY A DEADLY WEAPON OR ASSAULTIVE OR ABUSIVE CONDUCT INCLUDING DOMESTIC VIOLENCE
(Pursuant to Penal Code Section 11160 et. seq.)

NOTE TO LAW ENFORCEMENT: PATIENT’S WHEREABOUTS MUST BE DELETED FROM ANY REPORT REQUIRED TO BE DISCLOSED TO SUSPECT OR SUSPECT’S ATTORNEY.

1. PATIENT’S NAME: (if known):
SEX:  ☐ M  ☐ F  D.O.B.: ___/___/____  AGE:____  RACE/ETHNICITY:  ☐ ASIAN  ☐ HISPANIC
☐ BLACK (non-Hispanic)  ☐ WHITE (non-Hispanic)  ☐ PACIFIC ISLANDER  ☐ FILIPINO

2. PATIENT’S WHEREABOUTS: Specify where and when patient can be safely contacted (specify any special instructions for contacting patient)

3. a. REASON FOR REPORT (check all that apply):
☐ gunshot
☐ knife wound
☐ other deadly weapon wound
☐ assultive or abusive conduct
☐ specify

b. DESCRIBE NATURE AND EXTENT OF INJURY:

4. a. RELATIONSHIP OF SUSPECTED PERPETRATOR TO PATIENT:
☐ domestic / intimate partner
☐ other (please specify)

b. NAME OF ANYONE PATIENT ALLEGES INFLECTED THE WOUND OR INJURY:

5. IS THE PATIENT WILLING TO BE CONTACTED BY LAW ENFORCEMENT? (NOTE: Patient must be informed that s/he may be contacted regardless of what is checked below)
☐ YES  ☐ NO

6. OTHER COMMENTS: (include any special needs of patient, i.e. interpreter):

7. WAS PATIENT REFERRED TO SUPPORT SERVICES?
☐ YES  Specify________ ____________
☐ NO

MAIL THIS FORM TO:

Law enforcement agency contacted
Name and I.D. No. of official contacted
Date / time of telephone report
Health practitioner’s name
Signature / health practitioner
Health practitioner’s title
Health practitioner’s medical facility
Health practitioner’s phone number
Date of written report

THIS FORM IS NOT A SUBSTITUTE FOR COMPLETE DOCUMENTATION IN THE MEDICAL RECORD.

IV.D.2. Domestic Violence Reporting Form  April 2007