|  |  |
| --- | --- |
| Name of patient: |  |
| DOB: |  |
| NHS number: |  |
| Patient address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Surgery Name**  |  | **Professionals Name** |  |
| **GP Surgery Address** |  | **Professional’s Job Title** |  |
| **Date of Conference** |  | **Professional’s e-mail address** |  |
|  |  | **Professional’s Direct Dial Contact Number**  |  |

|  |
| --- |
| 1. **Names of members of the adult’s household**
 |
| **Forename** | **Surname**  | **DOB** | **Address**  | **Ethnicity**  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| 1. **Details of extended Family Members, Carers or Significant Friends / Neighbours that you are aware of:**
 |
| **Forename** | **Surname**  | **DOB** | **Address**  |  **Relationship**  | **Is this person involved in the routine care of the adult?** |
|  |  |  |  |  |  |
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**Adult Safeguarding Report
from Primary Care**

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| 1. **When did this person register at your surgery?**
 |  |
| 1. **Who is this patients usual GP?**

*If this is not the person completing this form, please give their contact details* |  |
| 1. **What are the *current* medical problems of the adult?**

*Please comment on the severity of these problems, in language that can be understood by non-medical professionals.*  |  |
| 1. **In the last 12 months, how many times has this**

**patient been seen by a GP or ANP?***Please summarise what these consultations were for and who accompanied the patient. Please comment on these in language that can be understood by non-medical professionals.* |  |
| 1. **Has this person ever suffered from mental health**

**conditions or ever misused drugs or alcohol?***Please comment on these in language that can be understood by non-medical professionals.* |  |
| 1. **Is this person able to lead a fully independent life?***If no, then please describe reasons why, and what*

*your awareness of this person’s care and support**needs are.* |  |
| 1. **Please describe the support that this adult has from carers, family support, social network etc?** *(related to the people described in number 2 above and any agencies that the patient uses for care).*
 |  |
| 1. **Please describe this person’s living situation**

**and conditions:** *Please comment on these in language that can be understood by non-medical professionals.*  |  |
| 1. ***What are the features of this patients life that are***

***having a positive effect on this person’s wellbeing?*** *(i.e. relationships with family, friends, hobbies,* *work, activities, sports, events)* |  |
| 1. **Do you have any concerns about the care or**

**safeguarding of this person?***If yes, please comment on these in language that can be understood by non-medical professionals. Please comment on whether you have discussed these with the patient.* |  |
| 1. **What might reduce your concerns?**
 |  |
| 1. **If you have discussed concerns above, please advise what the outcome would be if these concerns continue.**
 |  |
| 1. **How might your GP surgery help to reduce these concerns?**
 |  |
| 1. **Please describe your knowledge of this patient’s capacity to make decisions**
 |  |
| 1. **Have you discussed that you are sharing the information in this report with the patient?**

*If you have not discussed that you are sharing this information, please describe your reasons.* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Author’s Name** |  | **Designation**  |  |
| **Signature**  |  | **Date**  |  |