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

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| **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** |  |

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| 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.* |  |

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