



# Safe Guarding Adults Form

<b>Date</b>		<b>Event</b>	
<b>Time</b>		<b>Staff completing form</b>	
<b>Local Authority</b>			

PATIENT DETAILS			
<b>First Name</b>		<b>Last Name</b>	
<b>Date Of Birth</b>		<b>Telephone Number</b>	
<b>Address</b>			

Concerns
If you are reporting concerns on behalf of someone else please ensure you include their Name and contact details

Observations
Include any specific observations such as behaviours/ injuries/comments

Patient Discussion
Have you discussed your concerns with the patient (if not state why) Has the patient agreed to a safeguarding referral

<b>Date</b>		<b>Patient Name</b>		<b>Patient D.O.B</b>	
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<b>Remedial Actions</b>	
Has any immediate actions been taken ?	

<b>Duty Manager Informed</b>	Yes/No	<b>Date Informed</b>		<b>Time informed</b>	
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<b>Safeguarding/Deputy Safeguarding lead Informed</b>	Yes/No	<b>Date Informed</b>		<b>Time Informed</b>	
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<b>Completed by: (Sign Name)</b>		<b>Date Completed and Returned to Safeguarding lead</b>	
<b>Print name</b>			

**For Completion by Safeguarding Lead/Deputy safeguarding lead**

<b>Referral to External Agencies</b>				
<b>Organisation</b>	<b>Date of Referral</b>	<b>Contact Name &amp; Contact Number</b>	<b>Email address</b>	<b>Advice Received</b>
<b>Police</b>				
<b>Patients Local Safeguarding board</b>				
<b>Other</b>				