Person's Name (First MI Last): Mary Fictitious (SAMPLE RECORD WITH A FICTICIOUS PERSON)	**Record #:** 108250	**Date of Admission:**
Organization/Program Name:	**DOB:**	**Gender:** ☐ Male ☐ Female ☐ Transgender

Trauma History (Describe in comments section each element checked)	
Comments: (Include single event versus sustained and if information came from collateral source):	
☐ Physical Abuse	
☐ Domestic Violence/Abuse	
☐ Sexual Abuse/Molestation	
☐ Community Violence	
☐ Elder Abuse	
☐ Financial Abuse	
☒ Verbal/Emotional Abuse	Mary reported that she thinks her husband is verbally/ emotionally abusive at times.
☐ Physical Neglect	
☐ Emotional Neglect	
☐ Military Related Trauma	
☐ Other Trauma	
☒ Witness to Violence	Mary reported that she witnessed domestic violence between her parents when she was a child. She reported she remembers hiding under her bed in her room and trying to keep her sisters quiet
☐ Exploitation	
☐ Other (what does person identify as traumatic for them?)	

Current Involvement by: ☒ None Reported ☐ Department of Children and Families ☐ Disabled Person's Protection Commission ☐ Elder Affairs ☐ Other: Comments:

Additional Mandated Report Required?: ☒ None ☐ Department of Children and Families ☐ Disabled Person's Protection Commission ☐ Elder Affairs ☐ Other: Comments:

Person's Signature (Optional, if clinically appropriate)	**Date:**	**Parent/Guardian Signature** (If appropriate):	**Date:**
Clinician/Provider - Print Name/Credential:	**Date:**	**Supervisor - Print Name/Credential** (if needed):	**Date:**
Clinician/Provider Signature:	**Date:**	**Supervisor Signature** (if needed):	**Date:**
Psychiatrist/MD/DO (If required):	**Date:**		