

# Referral and Evaluation of Abused Children

## INTAKE FORM

Phone: (585) 935-7802 FAX: (585) 935-7804

Child's Name: \_\_\_\_\_ DOS: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F Race:  Black  White  Hispanic  Other

**Type of alleged abuse:**

**Sexual:**  Exposure  Fondling  Kissing  Digital-penetration  Genital-genital  Oral-genital  
 Genital-rectal  Oral-rectal  Object inserted  Other \_\_\_\_\_

**Physical:**  Bruises/lacerations  Burns  Fractures  Head trauma  Internal injury  
 Other \_\_\_\_\_

Is Child Protective Services currently involved with this family?  Yes  No

Previous history of physical, emotional, or sexual abuse in the family?  Yes  No

Abuse reported? \_\_\_\_\_ When: \_\_\_\_\_

Has child or another family member been here in the past?  No  Yes, when \_\_\_\_\_

**Child's current address:** Street: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Mother:** Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Race: B W H Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Father:** Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Race: B W H Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Other household occupants: \_\_\_\_\_

**PERPETRATOR INFORMATION:**

Name of alleged perpetrator: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Race: B W H Other \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Geographic location of alleged abuse: \_\_\_\_\_

Date of last contact with alleged perpetrator: \_\_\_\_\_

**REFERRANT INFORMATION:**

Referral Source: Pediatrician CPS Police Other: \_\_\_\_\_

Name of referent: \_\_\_\_\_

Address & phone number: \_\_\_\_\_

Other professionals involved: \_\_\_\_\_

Name of pediatrician: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Contract number \_\_\_\_\_

Referral Number: \_\_\_\_\_

*Please mark below the type of service requested:*

Interview and Exam  Forensic Interview Only  Medical Exam Only

*Please fax completed form to: (585) 935-7804*

Revised 11/23/10

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Has CPS report been filed?  Yes  No when: \_\_\_\_\_

Has a Police report been filed?  Yes  No when: \_\_\_\_\_

Has child been interviewed?  Yes  No when: \_\_\_\_\_  
by whom: \_\_\_\_\_

Results of interview: \_\_\_\_\_

Has child already been examined?  Yes  No when: \_\_\_\_\_  
By whom: \_\_\_\_\_

Have cultures been done?  Yes  No type/site(s): \_\_\_\_\_  
Results: \_\_\_\_\_

Results of medical examination: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

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Description of presenting problem: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Does child have any developmental delays: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fax completed form to: (585) 935-7804*

Revised 11/23/10