



Safe Child Center

Email to: fmcsafechild@nahealth.com

Fax to: 928-773-2434

Please call to schedule an appointment

Bold items indicate essential information - if known. Comprehensive intake information helps us to start your appointments promptly.
Referral Date _____
Referring Agency _____
Report number _____

SCC Intake Information

Child's name _____ **DOB** _____ **Age** _____

Sex _____ **Race/Tribe** _____ **Primary language** English other _____

School/Grade _____

Disability Yes No **If yes, explain** _____

Referring agent _____ **Contact phone #s** _____

CPS/Other _____ **Contact phone #s** _____

Have you contacted Victim/Witness? Yes No Have you called CPS hotline? Yes No NA

Reason for referral (please explain) – Is this an ACUTE case? Yes No

Sexual _____

Physical _____

Witness _____

Other _____

Date of disclosure _____ **Who child disclosed to** _____

Statements made by child: _____

In home _____ **Out of home** _____ **When was last incident?** _____

Suspect Name _____ **Age** _____ **Sex** _____ **Relationship to child** _____

Complaints/Concerns

Physical _____

Behavioral: _____

Prior forensic evaluations

Medical _____ **Interview** _____ **Where** _____

Reason _____

Child lives with _____ **Transporting child to SCC** _____

Related to this incident, has the child been removed from their home? Yes No **If yes, where/with whom is child staying?** _____

SCC Intake Information (cont.)

Family Information

Mother _____ Father _____

Address _____ Address _____

Phone _____ Phone _____

Parent marital/living status _____

Other significant caregiver(s)/step-parents/adults _____

Sibling(s) Names (Please include age and gender) _____

Other case information _____

Referring Agency Use Only

No disclosure of crime _____ Schedule for MDT case review _____ Medical Exam complete _____

Additional victims/witness identified _____

Forensic Interview Notes: _____

SCC Use Only

Patient # _____ DOS _____ Schedule for MDT case review _____

FI Name _____ NP Name _____ Other _____