

A Suspected Maltreatment of a Child-Reporting Form		Date:		Time:			
Name of Child:				Med. Rec. #			
Sex:		Date of Birth:		Age:			
Child's Street Address:		City:	State:	Zip:	County:		
Suspected Date of Incident:		Time:		Incident Location:			
Suspected Perpetrator Name:			Relationship:		Phone:		
Address:			City:	Zip:	State: County:		
Who Brought Child to Hospital:			Relationship:		Phone:		
Witness Name (if any) :			Relationship:		Phone:		
B	Family Relationship/ Household	Mother's Name:		Marital Status	Father's Name:		Marital Status
		Mother's DOB:			Father's DOB:		
Name/Age of Siblings in Home:		Address (if different from child's)			Address (if different from child's)		
		Home #:		Work/Cell #:	Home #:		Work/Cell#:
C	Other Caregivers	Name:			Relationship:		
		Address:			Home#:		Work/Cell#:
D	Assessment of Presenting Problem –Summary of explanation of injury or maltreatment, quote direct explanation by child, witness, caregiver or others. Describe behavior. Note: FOR CONFIDENTIALITY of reporter, DO NOT document about this report in the Medical Record. Document clinical facts in the Medical Record						
ABUSE: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional / Mental							
NEGLECT OF: <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> Education <input type="checkbox"/> Of Supervision <input type="checkbox"/> Medical Needs							
EXPOSURE: <input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamine <input type="checkbox"/> Cocaine Heroin Marijuana <input type="checkbox"/> Methamphetamine Opium <input type="checkbox"/> Phencyclidine							
OTHER: (Describe)							

E	Physical Exam – Include accurate description of injury location, actual measurements, color of bruises, lacerations, burns, fx
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Photos Taken:	Yes	No
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F	REPORTING	Reported to: <input type="checkbox"/> County <input type="checkbox"/> Law Enforcement
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Verbal report is to be completed to the County where the minor resides.

County Verbally Reported to:	Date:	Time:
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County Contact Person:	Phone:
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Written report faxed to number:	Date:	Time:
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Law Enforcement Agency:

Law Enforcement Contact Person:	Date:	Time:
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Law Enforcement Phone Number:	Report Number:
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G	MANDATED REPORTERS (persons completing this form)
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#1 Mandated Reporter Print Name:	#2 Mandated Reporter Print Name:
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Signature:	Signature:
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Title:	Title:
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Dept:	Phone:	ext:	Dept:	Phone:	ext:
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Mandated Reporter work address:	Mandated Reporter work address:
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For County Intake: following investigation, please send results of investigation to: The Mandated Reporter(s) work address	For County Intake: following investigation, please send results of investigation to: The Mandated Reporter(s) work address
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H	ADDENDUM FORM – Suspected Maltreatment of a Child	
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Medical Tests Completed	Date	Results

I	Examining Physicians	Title:	Phone:
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Name:		
Name:		
Name:		
Name:		
Name:		

Medical Follow-Up	Date:	Clinic:
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Other Observations/Assessments/Notes:

Print Name:

Signature:

Title:	Dept:
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Phone:	Ext:
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