

\_\_\_\_ CAC  
Intake Form

Intake date:

Staff Name:

***Child Information***

1. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
2. Age/DOB: \_\_\_\_\_
3. Sex: \_\_\_\_\_
4. Race: \_\_\_\_\_
5. Has child or other family member been here in the past?
6. Child's current address: \_\_\_\_\_
7. When did the alleged incident take place?  Within 72 hours  After 72 hours (If within 72 hours, refer to the ER)

***Caretaker Information***

1. Name of child's primary care taker: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Is the person above the child's legal / custodial guardian?  yes  no (if no, who is the child's legal / custodial guardian?)
3. Who will notify the child and legal/custodial guardian of the date and time of the services to take place at \_\_\_\_\_CAC?
4. Who will ensure that child is brought to \_\_\_\_\_CAC?
5. Will the child or the child's legal/custodial guardian need a translator?

***Referral Information***

1. Referral source:  
 DSS  
 Law Enforcement (Please send incident report, if there is one)  
 Other (please specify)

2. Name of referring professional:
3. Jurisdiction & phone #:
4. Other Professionals / Agencies involved:
5. Has DSS report been filed?  
 Yes  
 No
6. Has the child been interviewed?  
 No  
 Yes. If yes, by whom?  
 DSS  
 Law Enforcement  
 Other (please specify)
7. Has the child already had a medical examination?  
 No  
 Yes. If so, where, what date, and name of doctor? (We will need copies of the doctor's notes and lab results.)
8. If no examination is going to be done, describe rationale:
9. Description of presenting problem:
10. Siblings' names and ages:

***Interventions Scheduled (specify date, time, & provider)***

Forensic Interview:

- Is the child currently on any medication?
- Reminder Telephone Contact Prior to Forensic (Date/Time if needed):

Medical Exam (Colposcope):