

Child: _____

Forensic Interview Date _____ Start time _____ End time _____

Interviewer _____

Observers _____

Staff who met with family _____

Initial caregiver survey Date completed / Notes _____

Disclosure Yes / No / Partial _____

Medical Exam Date _____ Scheduled / Attended / Canceled / No Show

Referred to VCU on Date _____ by _____

Provider _____

Location Off-site (VCU) / Off-site Other: _____ Findings Y / N

Document reason NI _____

Family Response Accepted / Given CPT Phone # / Considering / Declined / Med Complete

Notes _____

Mental Health Family Accepted / Considering / Declined / Has Services / Needs Referral

Date added to CSG list _____ Date contacted re MH _____

Other Notes _____

Child: _____

FORENSIC INTERVIEW DOCUMENTATION TRACKING

A forensic interview was performed on at the Greater Richmond SCAN CAC. The interview was documented using the following methods. This documentation was given to the individual listed next to the item.

Audio CD _____
Print Name Signature Agency Date

DVD _____
Print Name Signature Agency Date

Drawings _____
Print Name Signature Agency Date

Interviewers:

Interviewer: _____
Print Name Signature Agency Date

Interviewer: _____
Print Name Signature Agency Date

Witnesses to Interview:

Witness: _____
Print Name Signature Agency Date

Witness: _____
Print Name Signature Agency Date

Witness: _____
Print Name Signature Agency Date

CAC Staff Signature: _____