CHILD MALTREATMENT EVALUATION
11 Vanderbilt Park Drive, Asheville, NC 28803
(828) 213-1794 (800) 377-9251
After Hours (828) 213-1740

CHILD ABUSE MEDICAL EVALUATION REFERRAL

☞ PLEASE COMPLETE THIS FORM AND FAX TO: (828) 213-1797

DEMOGRAPHICS

Child's name: _____ DOB: _____ Age: _____
Address: _____ Gender: M F Race: _____
_____ Translator needed for parent or child? Yes No
County: _____ Language: _____
Parent/Legal guardian (*can sign consent forms*): _____
Phone number: _____ Cell/work/other: _____
Person bringing child for examination (relationship to child): _____
Name of Insurance: _____
Medicaid/Carolina Access Referral Number: _____ NPI Number: _____

CASE INFORMATION

Date child was seen in ED/clinic: _____ ***Please fax clinic or ED notes: (828) 213-1797***

Concerns about child:
- ❑ Sexual abuse ❑ Neglect
- ❑ Physical abuse ❑ DV exposure
- ❑ Emotional abuse ❑ Drug exposure
- ❑ Other _____

Additional information (*if known*):
Alleged perpetrator: _____
Relationship to child: _____
Last known contact: _____
Estimated injury date: _____

Describe concerns:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____(use additional page if needed)

REFERRAL SOURCE

Referring physician/provider: _____
Hospital/clinic: _____
Address: _____
_____
Phone #: _____ Fax #: _____
DSS involvement: ❑ No ❑ Yes: _____
LE involvement: ❑ No ❑ Yes: _____

Office use only
Exam date: _____
F.S. _____
P.R.R. _____
P: MA CMEP VA PVT
Scheduled: _____