Child Safety Team
Mission Children's Specialists
11 Vanderbilt Park Drive
Asheville, NC 28803
(828) 213-1794 (800) 377-9251
After hours: (828) 213-1740

Child Safety Team - Referral Form

Date

→ Fax this form to (828) 213-1797 ←

Patient Information

Name			Address		
DOB					
Age		☐ M ☐ F	County		

Race:	☐ American Indian/Alaskan	☐ Asian	☐ Biracial	☐ Black/African American
	☐ Multiracial	☐ Pacific Islander	☐ White/ Caucasian	
Ethnicity:	☐ Hispanic	☐ Non-Hispanic	☐ Other	
Is an interpreter needed?	Language: ☐ Spanish	☐ Russian	☐ Ukrainian	☐ Other
Parent/guardian:		Phone		

Referral concerns

	Yes	No		Yes	No		Yes	No
Physical abuse	☐	☐	Neglect	☐	☐	Dependency	☐	☐
Sexual abuse	☐	☐	Emotional abuse	☐	☐	Medical child abuse	☐	☐
Child-on-child	☐	☐	DV exposure	☐	☐	Witness to abuse	☐	☐
Death of sibling	☐	☐	Drug exposure	☐	☐	Other		

Alleged Perpetrator		Relationship to child	
Age		Last known contact date	

Was a report made to DSS?

☐ No ☐ Yes	Date:
County	
Social worker	
Phone number	

Is law enforcement involved?

☐ No ☐ UnK ☐ Yes	Date:
Agency	
Investigator	
Phone number	

Describe the concerns for abuse

Person completing form/agency: _____ **Phone:**

☐ **Records attached** **Photographs taken** ☐ **Yes** ☐ **No** **Sexual assault kit collected** ☐ **Yes** ☐ **No**

Include child's statements, whom the child has told (family, friends, etc.,), and any complaints of pain or injury or presence of any concerning findings on exam. Use additional page if necessary.