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

*Who has legal guardianship (relationship to child)?	
Who will bring child to the appointment?	

Please bring guardianship documents to appointment.

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	

Referring Investigator(s) information

DSS Involvement ☐ Yes ☐ No ☐ UnK		**LE Involvement** ☐ Yes ☐ No ☐ UnK	
County		Agency	
Social worker		Investigator	
Address		Address	
Phone number		Phone number	
Cell number		Cell number	
Fax number		Fax number	
SIS#			
Payment	☐ CMEP ☐ 5143 attached		
	☐ Medicaid #	Person completing form	
	☐ Other		

Additional information

(Note where and date performed.)

Has the child had a medical evaluation prior to this CME?	☐ No ☐ UnK	☐ Yes
Has the child been formally interviewed prior to this CME?	☐ No ☐ UnK	☐ Yes
Was a sexual assault kit collected?	☐ No ☐ UnK	☐ Yes
Are there photographs of injuries available?	☐ No ☐ UnK	☐ Yes

Please provide records, photographs, etc., to CMEP provider before or at the time of the evaluation.

Name:
DOB:

Describe concerns: *(Include disclosure details, list all of whom child has disclosed – family, friends, professionals, etc.; type(s) of abuse, frequency, last abusive encounter, and any other concerns.)*

Additional CPS information: *(Describe previous CPS history, caregivers' history of mental illness, abused in their childhood, substance abuse, domestic violence and/or legal problems.)*

Name:
DOB:

Caregiver and household member information

Mother	
☐ Biological ☐ Step ☐ Adoptive ☐ Other	
Name	
Age	
Phone number	

Father	
☐ Biological ☐ Step ☐ Adoptive ☐ Other	
Name	
Age	
Phone number	

Other caregiver	
Relationship to child	
Name	
Age	
Phone number	

Other caregiver	
Relationship to child	
Name	
Age	
Phone number	

Information about child's living situation *(Describe custody agreement, visitation schedule, etc.)*

Household #1	
Name (age)	Relationship to patient

Household #2	
Name (age)	Relationship to patient

School *(List where child attend daycare or school; describe any concerns about learning problems, behaviors, suspensions, etc,)*

Counseling *(Describe mental health diagnoses, where child is receiving counseling and name of therapist/agency.)*