|  |  |
| --- | --- |
| CONSULTATION REQUEST FORM**\*PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE & securely send to** **alwhit4@uky.edu** |  |

## PRESENTING DATA

|  |  |
| --- | --- |
| **NAME OF CHILD:**  |  |
| **DOB:**  |  |
| **AGE:**  |  |
| **GENDER:**  |  |
| **RACE:**  |  |
| **SS#:**  |  |
| **CURRENT ADDRESS:**  |  |

|  |  |
| --- | --- |
| **DATE OF CONSULT REQUEST:** |  |

|  |  |
| --- | --- |
| **REFERRED FOR CONSULTATION BY:**  |  |
| **COUNTY:**  |  |
| **REGION:**  |  |

### SIGNIFICANT PERSONS IN CHILD’S LIFE

### [\*\* indicates living in same residence with child]

|  |  |  |
| --- | --- | --- |
| **RELATIONSHIP****TO CHILD** | **NAME / AGE / RACE / GENDER** | **CONTACT INFO** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. CHILD INFORMATION/CONCERNS (briefly describe any relevant Emotional/Behavioral, Relational, Life History/Trauma, Developmental, Medical or other factors that are of concern):
2. CAREGIVER INFORMATION/CONCERNS (briefly describe any relevant caregiver or placement information that needs to be considered or addressed):
3. KNOWN/SUSPECTED HISTORY OF TRAUMA OR ABUSE/NEGLECT (briefly describe trauma type experienced, approximate age at the time and any DCBS involvement):
4. NATURE OF CURRENT SERVICE PROVISION (briefly describe any current/recent services provided):
5. SPECIFIC QUESTIONS FOR CONSULTATION:

Revised 5/23/00