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

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