

FRAME

Family Rights and Medical Equity

NOTIFICATION INTAKE SUMMARY SHEET

FILE NO.

(For medically defined child abuse categories)

Date	Time	Intake officer
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Name of child:	Date of birth	Age
Parents/guardians names:		
Address of child:		
Suburb	State	Postcode
Tel. home	Work	Mobile
Current location of child		

Presenting problem:

Name of notifier:	Position
Location:	
Has the notifier ever treated child	Y / N
When did the notifier last treat the child?	Length of time
Is the child in hospital	Y / N
Is the parent/guardian/family aware of notification	Y / N

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<u>Who is the child's current treating consultant(s)</u>		
Address:		
Suburb:	State:	Postcode:
Tel. home:	Work:	Mobile:
<u>Who is the child's current treating paediatrician?</u>		
Address:		
Suburb:	State:	Postcode:
Tel. home:	Work:	Mobile:
<u>Who is the child's general practitioner?</u>		
Address:		
Suburb:	State:	Postcode:
Tel. home:	Work:	Mobile:
Is the general practitioner aware of notification?		Y / N
Is the current treating consultant aware of notification?		Y / N
Is the child's current treating paediatrician aware of notification?		Y / N
Previous treating specialists:		
<u>Name</u>	<u>Location</u>	<u>Dates of treatment</u>

Notification Check List

Child protection unit (if appropriate)

<u>Check list</u>	<u>By whom</u>	<u>Date & location</u>
1. Psycho-social assessment 2. Development assessment 3. Child's counselling (if approp.) 4. Non-offenders counselling 5. clinical plan 6. protection plan 7. crisis plan 8. Interagency collaboration plan		

Dept. of community services

<u>Checklist</u>	<u>By whom</u>	<u>Date & location</u>
1. Intake assessment plan 2. Child protection planning meeting plan 3. Protection plan 4. Investigation plan (see form 2) 5 Case plan 6. Case review plan 7. Closure plan.		

Child protection planning meetings

<u>Location:</u>	<u>Date(s)</u>
1. 2. 3.	1. 2. 3.

First child protection planning meeting:

Date: _____ Location: _____

Attendees	Length of involvement in child's care	Last time treated child	Position