



Consultation Request Form

For concerns of physical injury or Karly's Law

We want to help you! We will need a little information from you, first.

Directions:

1. *Please fill in the information in Section A, below. Please review Section B and check as many of those boxes as you can based on the info you have – that information will help us to understand the situation better. Finally, please add the child's name at the bottom of each page.*
2. *SECURELY E-MAIL the form (preferred) to intake@libertyhousecenter.org along with photos, OR FAX to Liberty House at 503-540-0293 - ATTENTION: INTAKE.*
3. *AND CALL the INTAKE DESK at 503-540-0288 if requesting a Liberty House appointment or information on availability.*
4. *Upon receiving and reviewing your information, a Liberty House medical staff member will contact you with input and recommendations.*
5. **Medical Evaluation:**
 - I am requesting child/teen be seen at Liberty House for
 - Exam Interview Other services (i.e. Family Support)
 - OR SPECIFY where child had/plans to have medical evaluation - Location: _____ Date: _____

Section A

Today's Date:

Case worker name, best contact phone #, and Email:

Law enforcement agency name, Officer/Detective name, cell phone, and Email:

CASE#:

Name of Child/Teen:

DOB:

Caregiver's name and relationship to Child/Teen:

Date injury occurred:

Person of concern:

How did the injury occur?

What is your specific question or concern?

DETAILED DESCRIPTION OF THE INJURY: *(i.e., what hit the child or what did the child hit; distance (if a fall); onto what surface (if a fall); are there any direct witnesses to the injury?)*

Symptoms described by the child/teen:*(pain, bleeding, no pain, etc.)*

Does the child/teen have any other bruises or marks on him/her? If so, where? (marks on neck?)



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The information below will help the Liberty House staff develop a more complete understanding of the child's situation in order to provide the most appropriate response to your questions.

Section B

Information about the Child	Yes	No	Unknown
Recent/prior history of injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent visit to Emergency Room or Urgent Care for injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injuries/marks/bruises/burns around neck or face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/behavioral difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preterm Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of parent/caregiver emotional attachment/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about Parent/Caregiver/Other Juveniles/Adults with access to Child	Yes	No	Unknown
Family, domestic, or intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Drugs/Illegal Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor impulse control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young maternal or paternal age (teen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low educational achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abused as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or other mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental or other disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor knowledge of child development or unrealistic expectation for child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of DHS involvement or criminal behavior/convictions (any adult or teen with access to the child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative perception of normal child behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about the Child's Environment	Yes	No	Unknown
Firearms or other weapons in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs/Illegal Substances in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-biologically related male living in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple adults in and out of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions of home unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protective Factors: