Washington State Department of Social & Health Services
Transforming lives

CHILDREN'S ADMINISTRATION

Child Abuse and Neglect Medical Consult Referral

TODAY'S DATE

For medical consultation with a Child Protection Medical Consultant provider, please complete referral form and send to the provider within your coverage area.

Caseworker Contact Information

CASE WORKER'S NAME	OFFICE / REGION
PHONE NUMBER (INCLUDE AREA CODE)	EMAIL

Child Information

CHILD'S NAME	GENDER	DATE OF BIRTH
	☐ Male ☐ Female	

Medical Information

TYPE OF ABUSE SUSPECTED	TYPES OF RECORDS ATTACHED	PROGRAM TYPE
☐ Physical ☐ Sexual ☐ Medical ☐ Neglect	☐ Intake report ☐ Medical records ☐ Photographs ☐ LE reports ☐ Other (please describe):	☐ FAR ☐ Investigation ☐ FVS ☐ CFWS

Details of any injuries and history provided (i.e., brief description of information provided by parents, caregivers, child, collateral contacts, LE, and others related to the injuries and how they occurred):

Question(s) for Child Protection Medical Consultant (i.e., Is this an accidental injury or abuse? Is the injury consistent with a playground fall? What do you think of a burn with these characteristics?):

REQUESTED RESPONSE TIME	REQUEST METHOD OF RESPONSE
☐ Urgent (within 24 hours; send email then call Medical Consult provider) ☐ Standard (up to 10 business days)	☐ Email ☐ Phone ☐ Formal letter

Helpful Hints

- Include photos (whenever possible) that are clear and free of glare. It is helpful to use a ruler or measuring instrument such as a business card when photographing injuries.
- Medical Consultations will not be able to be completed until ALL above information is provided
- Include the child's name on ALL correspondence to avoid confusion.