ALCAMS Medical Network Data Collection Form

Exam Site		Exam Date	
Examiner		CAC	
Patient Demographics			
Age:	_____ Years or Months	Gender	Female Male
Race (circle):	WH BL BIR Unk	Ethnicity	Non-His His AP NA Unk
County of Residence		County of Occurrence	
Relationship of adult caretaker present with child	Parent Foster parent Other relative Legal guardian Agency support person		
Referral Date		Referral Source	CAC DHR LE HCP Other
FI Done Prior	Yes No N/A	Disclosure	Yes No N/A
Reported Perp(s)	Single Mult Unk	Gender	Male Female Both
Relationship of perpetrator(s) (Circle all that apply)	Parent Sibling Aunt/Uncle Grandparent Other Relative Adult acquaintance Peer Stranger Other		
Social History			
Current Legal Guardian	Parent Grandparent Other Relative DHR Other:	Currently Living With	Legal Guardian Foster Parent Split time between homes Safety Plan Other
School grade		Prior DHR Case	Yes No Unknown
Medical History			
☐ No history available		☐ No significant past medical history	
Health Problems	Problem #1: ______________________ Problem #2: ______________________	Problem #3: ______________________ Problem #4: ______________________	
Prior Hospital	No Yes (# ___)	Prior Surgeries	No Yes (List:______________________)
Development	Normal Delayed	Vaccinations	UTD Behind None

Review of Symptoms (check all that apply)				**No significant behavior/physical symptoms** ☐			
	Headaches		Stomachaches		Change in appetite		Constipation
	Dysuria		Encopresis		Bedwetting		Other:
	Aggressive		Quiet/withdrawn		Sad/crying easily		Trouble sleeping
	Sexual behavior		Drug/alcohol use: No Yes		If yes, list:		
Females (SMR3-5 only)		Age menarche ______		Contraceptive use: Yes No N/A			

Reasons for Evaluation (check all that apply)					
	Physical abuse		Neglect		Caregiver fabricated illness
	Sexual abuse		Emotional abuse		Child in household of abused child

Sexual Contacts/Exploitation History (check all that apply)				**None** ☐	
	Fondling		Exposure		Exploitation
	Exposure to pornography		Penile-genital contact		Penile-anal contact
	Penile-oral contact		Finger-genital contact		Finger-anal contact
	STI in other child in home		Other:		Time since last contact:

Reported Symptoms or Concerns (check all that apply)				**None** ☐	
	Genital pain		Genital discharge		Genital bleeding
	Pregnancy		Rectal bleeding		Other:

Neglect History (check all that apply)				**None** ☐	
	Medical neglect		Drug-endangered child		Educational neglect
	Emotional neglect		Exp to domestic violence		Exp to caretaker drug abuse
	Physical neglect		Supervisional neglect		Other

Physical Abuse History (check all that apply)				**None** ☐	
	Abdominal injury		Abrasion(s)		Bruise(s)
	Burn(s)		Fracture(s)		Head injury
	Laceration(s)		Scar(s)		Threat of harm
	Other (specify)				

Emotional Abuse History (check all that apply)				**None** ☐	
	Terrorizing		Isolating		Exploiting/corrupting
	Spurning (belittling, denigrating, rejecting)				Denying emotional responsiveness

Physical Examination (check all that apply)					
	Cooperative		Anxious/Apprehensive		Refused examination (Part All)

Site	WNL	ABN	If Abnormal, specify
HEENT			
Respiratory			
Cardiovascular			
Abdomen			
Musculoskeletal			
Neurologic			
Skin			
Buttocks			
Anus			

Genital Examination – Female			
SMR (Tanner)	1 2 3 4 5	Exam WNL ☐ ABN ☐	Trauma Findings: No ☐ Yes ☐
Describe abnormalities			

Genital Examination – Male			
SMR (Tanner)	1 2 3 4 5	Exam WNL ☐ ABN ☐	Trauma Findings: No ☐ Yes ☐
Describe abnormalities			

Laboratory Tests for Sexual Abuse (check all done)

	Pregnancy test: Neg Pos			Wet prep: Neg Pos	Trich BV Sperm
	Urine NAAT: Neg Pos	NG CT Trich		Vaginal NAAT: Neg Pos	NG CT Trich
	Rectal NAAT: Neg Pos	NG CT		Throat NAAT: Neg Pos	NG CT
	RPR/VDRL: Neg Pos			HIV: Neg Pos	

Laboratory/Imaging Tests for Physical Abuse (check all done)

Lab Test	√	WNL	ABN		Imaging Test	√	WNL	ABN
CBC					Skeletal Survey			
PTT					CT Head			
aPTT					CT Chest			
vWF Panel					CT Abdomen			
AST					CT Pelvis			
ALT					MRI			
Lipase					FUSS			
Urinalysis					Other:			

Overall Medical Assessment (check all that apply)

	Abuse not indicated
	Abuse undetermined
	Sexual Abuse
	Physical Abuse
	Neglect
	Emotional Abuse
	Caregiver fabricated illness (aka medical child abuse, MSBP)

After completion, please fax this form to the ALCAMS office at 205-638-2805