sexual abuse treatment program
Children's Medical Services

PASCO KIDS FIRST
7344 Little Road New Port Richey, FL 34654 • (727) 845-8080 • Fax (727) 848-1292
15000 Citrus Country Drive, Suite 103 Dade City, FL 33523

SERVICES BEING REQUESTED:

_____ COUNSELING _____Sexual abuse child Victim _____ SA Non-offending caregiver Other: _____
(*attach any court orders, police reports, CBHA*)

_____ THERAPEUTIC VISTITATION FOR COURT ORDERED SEXUAL ABUSE CASES
(*attach Shelter Petition, Shelter Order, LE report)*

Date: _____

FSFN #: _____ Law Enforcement #: _____

Referral Name/Agency: _____ Phone: _____

Client Name: _____ DOB:_____ Age: _____

Parent/Caregiver Information: _____

Address: _____

_____

Phone: _____

Agencies or other Community Services involved: _____

Family Members Relationship DOB Placement

_____

_____

_____

_____

Summary of Present Behaviors/Reason for Referral/Type of Abuse (SA, PA, DV)

_____

_____

_____

_____

SYMPTOMS: (Please circle)

Fearful/Anxious Unprovoked Crying Sudden Personality Change Suddenly Clingy Sexually Acting Out Flashbacks Eating Problems Sleeping Problems/Nightmares Homicidal/Suicidal Talk Baker Act Bedwetting/Soiling Thumb Sucking Self Injury Changes in Mood Low Self Esteem Withdrawn/Secretive/Avoidance Running Away Lying Acting Out Aggressive Behavior Bizarre Behavior Change in School Performance Recurrent Physical Complaints Other: _____

A PROGRAM OF:

PASCO KIDS FIRST