



Children's Advocacy Center of Pasco Referral Form
7344 Little Road
New Port Richey, Florida 34654
(727) 845-8080 Fax (727) 848-1292
15000 Citrus Country Drive, Suite 306 Dade City, FL 33523

SERVICES BEING REQUESTED:

Child Trauma Therapy Type of Abuse/Trauma: Sexual Abuse Physical Abuse Domestic Violence
Community Violence Other Child Trauma Treatment Describe:
Non-Offender Caregiver Therapy Type of Abuse: Sexual Abuse Physical Abuse
Adult Trauma Therapy for parents involved in child welfare system
Other Services Please Describe:

REFERRAL INFORMATION: (Must match service being requested/type of abuse listed above): Date of Referral:

Referral Agency: Referring Person: Referral Contact #:
Abuse Report #: Maltreatment Type: Law Enforcement #: Crime Type:

SUPPORTING DOCUMENTATION: Abuse Report History LE Report CPT Records Shelter Petition

Placement Agreement CBHA Other (Mental Health/School etc.)

CLIENT/CAREGIVER DEMOGRAPHICS:

Client Name: SS#: DOB: Age: Race:
Parent/Caregiver Name: Phone Contact:
Address:

REASON FOR REFERRAL:

Please describe in detail what trauma happened to the child or adult you are referring for services and noted symptoms:

Alleged Perpetrator and Relationship to Victim/Length of Abuse (If Child on Child provide ages):

Symptom Checklist: PTSD Symptoms: Intrusion: comments/memories about trauma; flashbacks; re-enacting trauma in play; nightmares; upset when reminded of trauma; recurrent physical complaints (stomach/headaches). Avoidance: avoiding discussion or reminders of abuse/trauma. Negative Self Thoughts: negative statements about self or others; withdrawal; self-blame or guilt; decreased happiness/increased sadness. Arousal: anger outbursts/irritability; fearful/anxious/worried; looking for danger; problems concentrating; difficulty falling or staying asleep. High Risk Behaviors/Situations: contact with alleged perpetrator; self-Injury; suicidal/homicidal talk; baker acts; sexually inappropriate behaviors; run away; aggression; substance abuse; other abuse in the home. Other Possibly Relevant Symptoms: eating problems; change in mood; changes in school performance; suddenly clingy; unprovoked/excessive crying; regression in behaviors; hyperactivity/impulsivity

Office Use Only: Referral Received:
Reason client not accepted to TTP/SATP:
Referrals Provided: