34474-10

Children's Healthcare of Atlanta

CHILD PROTECTION HEALTH & SAFETY QUESTIONNAIRE

Name_____

Date of Birth_____

MRN#_____

Account/HAR#_____

PATIENT IDENTIFICATION

Age: _____ Gender: __ Female __ Male __ Transgender

Race: _____ County where child resides: _____

Site of medical evaluation: ___SR ED ___Hughes ED ___Egleston ED ___ SR clinic ___Hughes clinic

1. **Initial presentation**
   a. Who accompanies child? _____
   b. Behavior of person accompanying child (check all that apply):
   __relaxed, __allows child to speak, __quiet, __aggressive, __dominating,
   __intimidating, __answers questions for child __ other: _____
   c. What is chief complaint? _____
   d. Demeanor of child during interview/exam (check all that apply);
   __ relaxed __ cooperative __ nervous __ hostile __flat affect __inappropriate affect __quiet
   e. Does child appear intoxicated? __ No __ Yes
2. **General Medical Questions**
   a. Past medical history? _____
   b. Surgical history? _____
   c. Meds? _____
   d. When was the last time you saw a medical provider? _____
      - What for? _____
   e. Where do you go for medical care when you are sick or you've been hurt? _____
3. **Reproductive history**
   f. Any current or recent (check all that apply):
   __ vaginal discharge __genital pain __itching __abnormal bleeding __pelvic pain __rectal pain
   g. Are you sexually active? __ Yes __ No How long have you been active? ____ months OR __ years
   h. How many partners? __1 __ 2-3 __ 4-5 __ 6-10 __ more than 10
   i. How often do you use a condom? __never __ rarely __ sometimes __ very often
   j. Ever had an STI? __ No __ Yes (list type of organism: _____)
      - Was it treated? __No __ Yes
   k. Ever been pregnant or had an abortion/miscarriage? __No __ Yes
      - Any complications? __No __ Yes
   l. Do you (or have you) use any form of birth control? __No __ Yes (type used:_____)
   m. Any menstrual problems? __No __ Yes Describe: _____
4. **Screen for Sexual Exploitation**
   n. Have you ever had sex in exchange for something you wanted (e.g., money, drugs, shelter, food, or something else)? if Yes, please obtain details (how often, child's relationship to other person, under what circumstances) : __ No __ Yes

   _____

   _____

   o. Have you ever been forced to have sex, other than the reason for this current visit? if Yes, please obtain details (how often, child's relationship to other person, under what circumstances) __ No __ Yes
   p. _____

   _____

   q. Has someone ever asked or forced you to have sex with someone else? if Yes, please obtain details (how often, child's relationship to other people, under what circumstances): __ No __ Yes
   r. _____

   _____

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5. Injuries/Abuse (For positive answers, please obtain details)
   s. Any prior history of being hit, kicked, slapped, choked, etc
      - By a parent/caregiver? __ No __ Yes
      - By any one else? (dating violence, peer violence, CSEC violence) __ No __ Yes

   t. Did this ever result in injury? __ No __ Yes

   u. Did you get medical care for the injury? __ No __ Yes
      - Where did you go? _____

   v. Have you ever had any broken bones, loss of consciousness, significant wounds? __ No __ Yes

   w. What happens when you get in trouble at home? _____

   x. Either recently or when you were younger, did anyone ever touch you in a way that made you feel uncomfortable, or make you touch them (*other than events being investigated*)? __ No __ Yes

   y. Any history of violence associated with sexual activity? __ No __ Yes
      - Did you sustain any injuries? __ No __ Yes

   z. Any history of violence between other people in your home? __ No __ Yes

6. Substance Abuse
   a) Obtain details of types of drugs/alcohol used,
      - frequency,
      - patterns of use,
      - withdrawal symptoms,
      - use while driving.

   b) Were you ever forced to use drugs/alcohol? __ No __ Yes
   c) What kinds of things did you do to help you relax, or "chill"?

   d) Did you ever take any drugs or use alcohol to help you get through the night? __ No __ Yes
   e) Has anyone ever given you drugs when you didn't know about it? __ No __ Yes
   f) Anyone in your family use drugs/alcohol? __ No __ Yes Who? _____

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7. Mental Health screen
   aa. Any recent or current problems with:
   - Nightmares? __ No __ Yes
   - Difficulty sleeping? __ No __ Yes
   - Repetitive thoughts or images in your mind that won't go away? __ No __ Yes
   - Times when you feel very anxious? __ No __ Yes Panic attacks? __ No __ Yes
   - Times when you feel like a part of you "goes somewhere else"—is not part of what your body is experiencing? __ No __ Yes
   - Periods of feeling sad and/or hopeless? __ No __ Yes
   - Thoughts of hurting yourself or others? __ No __ Yes

   _____

   Have you ever attempted to hurt yourself? __ No __ Yes

   _____

   - Have you attempted to hurt others? __ No __ Yes

   _____

   - Do you have access to a weapon? __ No __ Yes Type of weapon: _____
   - Do you ever hear voices or see things when no one is there? __ No __ Yes

   bb. Any history of psychiatric diagnoses? __ No __ Yes
   cc. Treatment? __ No __ Yes (If yes, what treatment? _____)
   dd. Does anyone in your family have mental health problems? __ No __ Yes

8. Other high-risk behavior and social history
   a. Any history of running away from home? __ No __ Yes
   - how many times? _____
   - how long were you gone each time? _____
   - who did you stay with? _____

   b. Any history with DFCS? __ No __ Yes Reason: _____
   c. Ever been in foster care? __ No __ Yes
   d. Ever had any run-ins with the police? __ No __ Yes
   e. What grade in school? _____
   f. What school attend? _____
   g. How are you doing in school? _____
   h. Ever suspended/expelled? __ No __ Yes

9. Physical exam
   - tattoos? __ No __ Yes _____
   - clothing or accessories that seem inappropriate? __ No __ Yes _____
   - injuries? __ No __ Yes (Describe under "physical exam")
   - anogenital exam: (Describe under "physical exam")
   - testing done: _____
   - test results: _____
   - treatment provided: (Include in Impression/Plan)
   - authorities involved: (Include in Impression/Plan)
   - social dispo: (Include in Impression/Plan)
   - referrals made or recommended (for example, mental health, OB) (Include in Impression/Plan)

NP Signature:_____ Date:_____ Time:_____