

VISIT DISCHARGE AND REFERRAL SUMMARY FOR FAMILY

NAME:

AGE:

DATE:

Assessment Findings:

History of: Foster Care Kinship Care Institutional / Orphanage Care Adoption

Trauma Screen: History (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Systems-Induced Trauma (ie: removal from home, multiple placements, separation from siblings) |
| <input type="checkbox"/> Serious Accident or Illness | <input type="checkbox"/> Traumatic Death | |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Community Violence | |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Other |

Current Traumatic Stress Reactions / Behaviors / Functioning (Check all that apply)

INTRUSION
 re-experiencing (intrusive memories, repetitive play scenarios, dreams / nightmares, flashbacks) physiological / psychological reactions to reminders of traumatic event

AVOIDANCE
 avoiding activities, people, places decreased interest in activities
 dissociation limited range of affect
 feelings of detachment / social withdrawal

AROUSAL / REACTIVITY
 anxiety, irritability hypervigilance
 self-harm somatic / physical complaints
 oppositional behaviors difficulties with emotional / behavioral regulation (anger, tantrums, impulsivity, aggression), difficulties with physiologic regulation (sleeping, eating, bowel / bladder function)
 conduct problems exaggerated startle, difficulty concentrating

NEGATIVE MOOD / COGNITION
 negative expectations / emotional state depression regression (behavior, skills)
 inability to experience positive emotions difficulties with attention / concentration traumatic grief

Developmental Issues:

Developmental delay / Intellectual disability Poor school performance Symptoms of prenatal alcohol exposure Other

Medical Issues:

Recommendations:

- Parenting strategies for home: Handouts provided
 Trauma-informed mental health evaluation / treatment
 Psychiatric evaluation:
 School evaluation: Letter of request for evaluation by special education department

Additional recommendations / medical evaluations:

Vision: Specialist referral:
 Hearing: Other:
 Bloodwork / laboratory studies:

Resources:

Local:

National Childhood Traumatic Stress Network www.nctsn.org
(search: What is child traumatic stress, Invisible suitcase, Caring for children who have experienced trauma)
Healthy Foster Care America www.aap.org/fostercare (see Resource Library)
American Academy of Pediatrics – Healthy Children www.healthychildren.org

Follow-up

Doctor Name:

Address:

Phone:

Fax: