Medical-Forensic Caregiver Questionnaire - Prepubescent/Adolescent

Name of Person answering questions: _____

Relationship to child (biological mother/father, etc.):_____

Date of Visit: _____

Child's Medical History: _____

_____

Child's Surgical History:_____

_____

Immunizations: ❑ Up to date ❑ Missing which ones: _____

❑ Doesn't immunize?

Is this child being treated for anything at this time?_____

Is the child potty trained? ❑ Yes ❑ No If yes, do they still need assistance with wiping? ❑ Yes ❑ No

If yes, who usually provides that assistance?_____

Does this child have a problem with constipation? ❑ Yes ❑ No

If the child has constipation, are they being treated with anything? _____

Does this child have a problem with diarrhea? ❑ Yes ❑ No

If the child has diarrhea, are they being treated with anything? _____

Does this child have any urinary complaints (burning, urgency, frequency)? ❑ Yes ❑ No

If the child has urinary complaints, is the child currently being treated with anything? _____

Does this child have any diagnosed genital conditions (ex. Lichen sclerosus, hypospadias, urethral prolapse)? ❑ Yes ❑ No

If yes, what conditions: _____

Is the child sexually active? ❑ Yes ❑ No

<u>Female specific history:</u>

Has your child started her menses? ❑ Yes ❑ No If yes, at what age? _____

When was her last menstrual cycle? _____ Tampon use in last 72 hrs? ❑ Yes ❑ No

On birth control? ❑ Yes ❑ No If yes, what kind? _____

Does the child attend daycare/ school? ❑ Yes ❑ No If so, where: _____

What grade is the child in? _____

Does the child have any identified learning disabilities and/or an IEP at school? ❑ Yes ❑ No

If so,what: _____

Does the child exhibit any behaviors that are concerning to you? ❑ Yes ❑ No

If so, please describe in detail: _____

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What made you bring the child in today (in detail)/what are your concerns? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What does your child call the following body parts?

Breasts? _____ Vagina? _____

Penis?_____ Buttocks?_____

What is your primary language? ❑ English ❑ Other (please list): _____

HOUSEHOLD INFORMATION

Biological Mother (or Guardian): Name/Age/DOB/Ethnicity _____

Visitation Schedule/Guardianship Arrangement:_____

Address: _____

City, State, Zip: _____

Phone: _____

Name, Relationship, Age and Ethnicity of Persons Living at this Address:

Name	**Relationship**	**Age/DOB (If known)**	**Ethnicity**

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Biological Father (or Guardian): Name/Age/DOB/Ethnicity _____

Visitation Schedule/Guardianship Arrangement: _____

Address: _____

City, State, Zip: _____

Phone: _____

Name, Relationship, Age and Ethnicity of Persons Living at this Address:

Name	**Relationship**	**Age/DOB (If known)**	**Ethnicity**

Other places the child frequently spends time at: places the child has been and people the child has been around in the past 7 days: _____

Other related information: _____

Time:_____ Date:_____ Examiner Signature:_____