|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Care Clinic **um_childrens_pms** 520 W. Lombard St, Gray Hall, Ground Floor Baltimore, MD 21201 Phone: 410-706-4869  Fax: 410-706-3017 Child/Adolescent Referral Form Demographic Information   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Child/Adolescent Name**: | | | Birth Date | | | | | Race/Ethnicity: | | | Gender: | | | | | Do any of the following apply to this child? (check all that apply)  Deaf/hard of hearing Homeless Immigrant/refugee/asylum-seeker LGBTQ Veteran Limited English/ESL Disability (physical/cognitive/mental) Other: | | | | | | | | **Biological Mother’s Name**: | | Birth Date | | Current Employment: | | | Race/Ethnicity: | | Legal custody (full/shared/none): | | | | | Street Address: | | City: | | State: | Zip code: | | Primary phone: | | Secondary phone: | | Email: | | | **Biological Father’s Name**: | | Birth Date | | Current Employment: | | | Race/Ethnicity: | | Legal custody (full/shared/none): | | | | | Street Address: | | City: | | State: | Zip code: | | Primary phone: | | Secondary phone: | | Email: | | | **Primary Caregiver’s Name**: | Birth Date | | | Current Employment: | | | Relationship to child (grandparent, foster parent, etc).: |  | | | | | | Race/Ethnicity: | Legal custody (full/shared/none): | | | | | | Street Address: | City: | | | State: | Zip code: | | Primary phone: | Secondary phone: | | | Email: | |  |  |  |  | | --- | --- | --- | | **Brothers & Sisters** (include step- and half-siblings; if more space is needed, please write on the back of the form) | | | | Name | Age | Relationship to client (e.g., child, partner, friend, etc.) | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | | **Other Household Members** | | | | Name | Age | Relationship to client (e.g., child, partner, friend, etc.) | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Worker’s Name** (i.e., DSS, DJS, etc.): | | | | Phone number: | | | | Worker’s Supervisor’s Name: | | | | Phone number: | | | | Street address: | | | City: | State: | | Zip code: | | **Pediatrician/Practice Name:** | | | | Phone number: | | | | Street address: | | | City: | State: | | Zip code: | | **School Name:** | | | Grade: | | | | | Street address: | City: | State: | | | Zip: | | | Teacher’s name: | | Phone number? | | | | | |
|  |