

DSS Referral - Child

In order to provide you with quality evaluations, including the most accurate diagnoses and appropriate recommendations, it is helpful to have collateral information regarding the child's developmental history. To that end, we offer the following checklist of information that we find most useful.

Please provide the following information, to the extent it is available:

- ____ Name of child
- ____ Date of birth
- ____ Reason for referral, including a brief explanation of the circumstances that led to the child being taken into DSS custody. (Brief Social Summary or Case Summary)
- ____ Copy of the Court Order placing the child in the custody of DSS.
- ____ Any known mental health problems, including hospitalizations, therapies, or other interventions.
- ____ Current medications, if known.
- ____ List of past placements, including reasons for changes in placement.
- ____ Name, address, and phone number for the most appropriate contact at child's current placement.
- ____ School progress, including behavioral problems.
- ____ Past psychological and/or psychoeducational evaluations.
- ____ Any particular questions you would like to have addressed in the evaluation.

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