



Center for the Prevention of Child Abuse, C.A.R.E.S. Clinic
Physician Referral Fax Form

Thank you for your referral to the C.A.R.E.S. Clinic, regarding: _____

In order to properly complete this request, please submit the following information:

Today's Date: _____
What concerns do you have with the child? _____

Have you reported to: CPS? Yes o No o If yes, reference# _____
Law Enforcement? Yes o No o If yes, case# _____
Are there immediate concerns? If yes, please describe _____

Please note any medical exam findings and/or medical testing completed during the office visit: _____

Please confirm the following information in order to properly contact the family:

Child's Name: _____ DOB: _____ Age: _____
Parent/Caregiver Name: _____ DOB: _____ Age: _____
Address: _____ City/State/Zip Code: _____
1st choice to contact family (phone#, email, etc.): _____

If further information is needed what is preferred method to contact the physician: _____

Provider Signature

Referring Clinic

C.A.R.E.S. Clinic return fax # 915.242.8561
Attention: Vanessa Velez, DNP CPNP-PC CP-SANE
(contact # 915.242.8560)



APPOINTMENT INFORMATION

DATE/TIME

PATIENT TELEPHONE#

<p style="text-align: center;">Newborn Services</p> <p>Neonatal Abstinence Syndrome (NAS) Non-accidental Trauma At-risk Underage Parent(s) Domestic Violence in the home Prior CPS involvement Period of Purple Crying Education</p>	<p style="text-align: center;">Emergency/Urgent Care Services</p> <p>Sexual Assault ○ Non-acute: assault >120 hours Unexplained bruising, bites, burns, fractures Concerns for abuse or neglect Concerns for Non-Accidental Trauma Pregnancy of a minor Sexually Transmitted Infection(s) of a minor Substance Abuse Assaults/Bullying Intentional Toxic Ingestion Human Trafficking Domestic Violence in the home Prior CPS involvement</p>
<p style="text-align: center;">General Services</p> <p>Suspected child abuse or neglect forensic medical assessment Non-accidental trauma forensic medical assessment Forensic photographs and documentation Non-acute sexual assault exams (sexual abuse >120 hours) Follow-up acute sexual assault exam (after completion of SANE exam) Follow-up non-accidental trauma Psychosocial Evaluation Diagnosis/Report Court Testimony Crisis Intervention Crime Victims Compensation</p>	<p style="text-align: center;">El Paso Children’s Hospital Transport Team</p> <p>To initiate a consult with a physician, please call NICU: 877-521-7149 Pediatric/PICU: 866-964-4424</p> <p>If possible, please have the following information available: Patient name Age DOB Weight Working diagnosis Medications Your call back number</p>

El Paso Children’s Hospital C.A.R.E.S. provides forensic medical and psychosocial assessment for children who are referred by Child Protective Services (CPS), Law Enforcement or Medical Professionals, who are suspected victims of abuse or neglect.

