



## Face Forward International Patient Intake Form / Assessment for Children

### MISSION

Face Forward's mission is to provide emotional support and reconstructive surgery for women, children and men who have been victims of Domestic Violence, Human Trafficking or any Cruel Acts of Crime.

Please help us by filling out the form below as completely and as honestly as possible. Your responses will be strictly confidential. **Please send 2 before and 2 current photos along with the form.**

<b>Name</b> (Last, First, M.I.):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>DOB:</b>
<b>Name of Parent or Legal Guardian or NPO Representative Responsible for Child:</b>		
<b>Is this person able to travel with child for surgical visits? Y/N</b>		
<b>Social Security Number:</b>	<b>Contact Phone Number:</b>	
<b>Contact Address:</b>	<b>Contact Email Address:</b>	
<b>Country:</b>	<b>Is child an orphan or in Foster Care? Y/N</b>	
<b>State/Country where child currently resides:</b>	<b>Any living family members? Y/N</b>	
	<b>Who? _____</b>	
<b>Does child have health insurance? Y/N</b>	<b>If yes, what type of insurance:</b>	
<b>Is child currently enrolled in school: What Grade? _____</b>	<b>What is the Child's Native Language?</b>	
<b>Does child have passport?</b>	<b>Does child speak English?</b>	
<b>Does child have approved Medical Visa?</b>		

How can Face Forward Help? Tell us the child's story and details about the injuries received.

<b>MENTAL HEALTH</b>		
Is stress a major problem for the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does child feel depressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have problems with eating or appetite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cry frequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has child ever attempted suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has child ever seriously thought about hurting themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does child have trouble sleeping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has child ever been to a counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has child been hospitalized or diagnosed with a mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Please note we require all Face Forward patients to be active in mental health counseling while receiving surgical services from our doctors. If needed due to language issues we will find a therapist who speaks the child's native language or provide translators to accompany the child to sessions\*