



FACS Child Information

Thank you for taking the time to fill out this brief form.
We appreciate that your time is valuable.

Child's name

Your Name

Your Role / Title

Department Office

Date completed

Who will be attending the consultations with the child?
(Name, relationship to the child, or role in the child's care).
We ask that somebody attend who knows the child well.

What is the reason for the consultation? What would you like us to address?

Overall, how concerned or worried are you about them at the moment?

Not at all

A little

Moderately

Very

[]

[]

[]

[]

Who is currently guardian of this child?

What is the legal status of this child currently, and its duration?

E.g. temporary or long term custodial order, guardianship.

Please summarise why this child came into care (including year, type of harm and any details that may be relevant to the current issues).

What are the current contact arrangements with the biological parents?

Are there plans for reunification?

Yes []

No []

If so, what are these plans?

Please summarise the placement history for this child.

Dates, duration, household, any reasons for breakdown of placement.

Health History

Pregnancy, birth, postnatal history, health since that time

Developmental History

Milestones, preschool, learning, behaviour, mental health

Family History

Health conditions, mental health, drugs/alcohol

Family structure – please draw a family tree (genogram) .

Are there issues that you would like to discuss with us,
for which you would prefer the child **not** to be in the room? Yes [] No []

What would you like from us as an outcome from this assessment?
E.g. report, further assessment, medication, ongoing medical care.

** If we are to provide further assessment, or ongoing medical care, including
the management of medication, we will need to contract this separately**

**If you have professional letters and reports regarding this child,
please provide a copy if possible.**

Thank you

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Any additional information you feel may assist our assessment,
please add to the back of this page.