

Legacy Children's Center
Salmon Creek
2121 NE 139th Street, Building A, Suite #200
Vancouver, Washington 98686-2742
Phone: (360) 487-1777 Option 5

Fax: (360) 487-1779
☐ Salmon Creek Tax ID: 33-1065485

Patient Name:		
MR #: Place	Sticker	Here
DOB:		

CHILD ABUSE ASSESSMENT TEAM (CAAT) REFERRAL FORM

Signature:			
Patient Name:	DOB:	<i>P</i>	Age:
Gender: Fem	ale Male		
Name of parent/guardian	to be contacted to set up asse	ssment:	
Home phone:	Cell pl	none:	
	o 🗌 Yes If yes, what langu		
Other pertinent notes, if a	•	J	
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		edical Assistant to C	AAT at (360)487-1793.
	ase contact Nikki Danforth, Me	edical Assistant to C.	AAT at (360)487-1793.
If you have questions, plea			
If you have questions, plea	ase contact Nikki Danforth, Me		
If you have questions, plea	ase contact Nikki Danforth, Me	_Today's Date:	
If you have questions, plea	ase contact Nikki Danforth, Me	_Today's Date:	
If you have questions, please Requestor: To be completed office staff	ase contact Nikki Danforth, Me	_Today's Date:	
If you have questions, please Requestor: To be completed office staff	ase contact Nikki Danforth, Me	_Today's Date:	
If you have questions, plea	ase contact Nikki Danforth, Me	_Today's Date:	

Medical ICD9 Code(s): _	V71.5	
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Modified 9/10