

**MEDICAL SCREENING FOR PLACEMENT**

DCF-461

3/17 (Rev.)



DATE:

TO: CCMC Emergency Room Attending Physicians

FROM: Fredericka Wolman, MD ([fredericka.wolman@ct.gov](mailto:fredericka.wolman@ct.gov))  
Department of Children and Families (DCF) Director of Pediatrics

RE: **Please give this form to the Patient's Authorized Representative when complete**

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Thank you in advance for caring for this DCF youth on parole ("the Patient") who has been in the community on his or her own since running away from placement (or in a similar unsafe situation). This examination is necessary to assess for acute medical issues, need for detoxification from substances, and need for urgent medical care before the Patient can be admitted or re-admitted to a residential facility which has limited medical coverage. Please be aware that the toxicology screen will only be used for clinical reasons (*i.e.*, treatment) as opposed to legal purposes.

In addition to your standard Emergency Room Assessment, we ask that you:

- assess the Patient's sexual history, including history of consensual or nonconsensual intercourse while AWOL;
- fully examine the Patient's skin to look for trauma markings, bruises, lesions, rashes and infestations, recent tattoos, and needle marks or other indications of drug abuse;
- perform a urine toxicology screen and communicate the results to the Patient's Authorized Representative; and
- take a full medication history and provide necessary prescriptions.

DCF is aware that the tests and examinations that the Patient receives from Connecticut Children's Medical Center ("Connecticut Children's") to determine whether the Patient is at risk for imminent alcohol or drug withdrawal (the "Tests") may not be conclusive. The Patient may still experience alcohol or drug withdrawal after the Patient is discharged from Connecticut Children's even if the Tests conclude otherwise.

Medical Disposition:

- Cleared for admission to emergency placement or return to prior placement
- Cleared for admission with **need to f/u for further evaluation of the following:**

Provider Name:

Address:

E-mail:

Phone: