



# Crisis Nursery of Greater Rochester Intake Form

Date \_\_\_\_\_ Time of Intake \_\_\_\_\_  AM  PM

Day Care  Overnight Care  Source of Referral \_\_\_\_\_

Estimated Discharge Date and Time \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Where can you be reached during child's stay? \_\_\_\_\_

Presenting Situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Order of Protection?  YES  NO Against Whom? \_\_\_\_\_

I give permission to the Crisis Nursery of Greater Rochester to release my child/children to the following Person/people \_\_\_\_\_

\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance  YES  NO Insurance Carrier \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Female  Male  African American  Am. Indian  Asian  Caucasian  Hispanic  Other

Disability or Chronic Medical Condition:  YES  NO Describe: \_\_\_\_\_

Toilet Trained  Potty Trained  Pull Ups / Size \_\_\_\_\_  Diapers/ Size \_\_\_\_\_

Bed time \_\_\_\_\_  Afternoon nap Time \_\_\_\_\_ How long \_\_\_\_\_

Bottle  Cup  Formula Name \_\_\_\_\_ Amount \_\_\_\_\_ How Often \_\_\_\_\_

Baby Food / Stage \_\_\_\_\_  Table Food  Regular Diet  Special Diet

Does child have food or environmental allergies?  YES  NO Medications?  YES  NO

If so what? \_\_\_\_\_

Additional Information to help us care for your child \_\_\_\_\_

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Baby Food / Stage \_\_\_\_\_  Table Food  Regular Diet  Special Diet

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If so what? \_\_\_\_\_

Additional Information to help us care for your child \_\_\_\_\_

The information I have given is true and accurate and may be provided to other service providers. By law, Any person including CNGR staff, and volunteers who may be aware of a child who is at risk of physical or Emotional harm, must report that information to the Department of Human Services. In addition it is an ethical duty to inform them if it is learned you plan to cause serious harm to yourself or others.

Parent/Guardian Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Intake Worker Signature:

\_\_\_\_\_ Date \_\_\_\_\_