



TEDDY BEAR CLINIC
FOR ABUSED CHILDREN

Head Office
The Memorial Institute for
Child Health and Development
13 Joubert Street Ext.
Parktown

Postnet Suite 320
Private Bag X30500
Houghton 2041

Branches
Head office and Johannesburg:
Tel: (011) 484-4554/4539
Fax: (011) 4844551
Krugersdorp:
Tel: (011) 6603077
Soweto:
Tel: (011) 9808160/8873
www.tbcc.org.za

Intake form

Date:	Hospital No.:
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IDENTIFYING DETAILS:

Child's Surname:	Child's Name:
Date of Birth:	Age:

Gender: Female Male **Race:** Black White Coloured Asian

Child Accompanied by:

Mother Father Institution Neighbor Grandparent Other Family
School FCS Welfare Step-parent Other (Specify): _____

SCHOOL DETAILS:

Name of School:	Grade:
Name of Teacher:	Name of Principal:

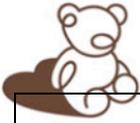
Names of those interviewed:

Other agencies/services involved:	
Investigation Officer:	Case No.:
Contact Person:	Contact No.:

REFERRAL DETAILS:

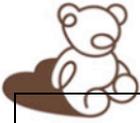
Name of referral agent:			
Reference No.:	Contact No.:		
Classification:			
Medical Aid Details:			
Have you been to a clinic for child abuse in the last six months?	Yes	No	
If yes, which clinic?	Doctor's Name:		

FAMILY COMPOSITION:



Parents of child			
Name of Mother:		Name of Father:	Postnet Suite 320 Private Bag X30500 Houghton 2041
Surname:		Surname:	
Maiden Name:		Other Name:	Branches Head office and Johannesburg: Tel: (011) 484-4554/4539
Date of Birth:		Date of Birth:	Fax: (011) 4844551 Krugersdorp:
Age:		Age:	Tel: (011) 6603077 Soweto:
ID Number:		ID Number:	Tel: (011) 9808160/8873 www.tlbc.org.za
Occupation:		Occupation:	
Contact No.:	(H)	Contact No.:	(H)
	(W)		(W)
	(C)		(C)
Address:		Address:	

Step Parents or Legal Guardians (If any)			
Name of Step-mother:		Name of Step-father:	
Surname:		Surname:	
Maiden Name:		Other Name:	
Date of Birth:		Date of Birth:	
Age:		Age:	
ID Number:		ID Number:	
Occupation:		Occupation:	
Contact No.:	(H)	Contact No.:	(H)
	(W)		(W)
	(C)		(C)
Address:		Address:	



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Place of Safety			
Name of Place of Safety:	Name of Caregiver:	Postnet Suite 320 Private Bag X30500 Houghton 2041	Parktown
Name of Social Worker:	House Mother:		
Contact No.:	Contact No.:	Tel: (011) 484-4554/4539 Fax: (011) 4844551	

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Other Children (Siblings/step-siblings)			
Names:	Surnames:	Dates of Birth	Ages:

Primary Caregiver			
Name of primary Caregiver:	Primary Caregiver's relationship to the child:		
Address of Caregiver:	Contact details of Caregiver:	(H)	
		(W)	
		(C)	
		Alter No.:	

Number of people living in household:	Number of people living In the yard:		
Home language:	Religion:		

Who else lives with the family?



INTERVIEW SCHEDULE:

CHILD'S REACTIONS NOTED

Changes in behaviour since abuse:	

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Changes in emotional patterns:	

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Changes in eating/sleeping patterns:

Has the child ever hurt him/her self or others?

Has the child or any other member of the family hurt an animal?

SCHOOLING:

How does the child perform academically?

Relationship with teachers:

Relationship with peers:

Has any of the above changed since the abuse?



SUMMARY:

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In what suburb did the abuse take place?	Postnet Suite 320 Private Bag X30500 Houghton 2041
In what suburb does the patient live?	
Are there any issues around the abuse (e.g. threats, dependency etc.)	Branches Head office and Johannesburg: Tel: (011) 484-4554/4539 Fax: (011) 4844551 Krugersdorp: Tel: (011) 6603077 Soweto: Tel: (011) 9808160/8873 www.tbcc.org.za
Have mom or dad ever been abused?	
Is there any family history of alcohol abuse, psychiatric problems, domestic violence? (If the problem is current, please make an appropriate referral)	
Are there any further difficulties with the child (e.g. Learning problems, psychiatric problems etc.)	
Are there environmental stressors? (e.g. Overcrowding, poverty etc.)	

What lead to the child disclosing?
When was the last incident of abuse?
How long did the abuse continue for?
When did the abuse take place? (e.g. Holidays, weekend etc.)
How many times was the child abused?
What is the parent's response to the disclosure?
What is the sex, age and relationship of the perpetrator?
Single or multiple perpetrators?
Where did the abuse take place?



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Other necessary information:

Parktown
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Houghton 2041

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CONCLUSION:

Medical Findings:

Outcome of case conference (i.e plan of action):

Place to be referred to:

Reason(s) for referral:

Person's responsible for referral/follow up:
