



**COUNTY OF HIDALGO  
DOMESTIC RELATIONS OFFICE**

**CONFIDENTIAL REFERENCE QUESTIONNAIRE FOR MEDICAL DOCTORS/NURSES/MEDICAL OFFICE STAFF**

*The following information is confidential, not subject to public release under Chapter 552, Government Code, and may be disclosed only for purposes consistent with the Texas Family Code, HIPAA, HB-300, and/or any other applicable federal or state law.*

Clinic Name \_\_\_\_\_ Phone number \_\_\_\_\_ Date: \_\_\_\_\_

Your Name/Credentials: \_\_\_\_\_ Position/Title? \_\_\_\_\_

Name of Child/Patient: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_ Name of who requested this reference: \_\_\_\_\_

As you answer the questions below, please keep in mind that it is the responsibility of the court to safeguard the welfare and future development of the child(ren) in this family. You can help the court in meeting this responsibility by being objective and confining your statements to what you have personally seen. Answer each question as completely as possible. Please, use additional paper as needed. You can provide the completed questionnaire to the parent in a sealed envelope with your signature on the outside of the envelope. Or you can fax it to DRO at Fax (956) 292-7050. If you have any questions please call at (956) 292-7048.

1. What date did services begin? What was the last date of service?
  
2. How was this child referred to you? What was the reason for the referral?
  
3. Describe the present health of the child. What was the date of last physical exam?
  
4. Are the child's immunizations up to date?
  
5. Are any medications prescribed for the child?
  
6. Does the child have any special needs? What are they?

7. Do you have any recommendations for each parent to follow at home, school, or daycare?
  
8. Which parent brought the child to appointments?