

Referral & Admission Documentation

Referring Agent: _____ Phone: _____ E-mail: _____
Referring Agent Supervisor: _____ Phone: _____ E-mail: _____
Emergency After-Hours Contact: _____ Phone: _____

Client Name: _____ **Nicknames:** _____

Date of Birth: _____ **Age at Admit:** _____ **Place of Birth:** _____ **Gender:** _____

Admit Date: _____ **Admit Time:** _____ **Legal Authority for Placement:** _____

Race or Cultural Heritage: _____ **Tribal Affiliation:** _____

Languages the resident speaks and writes: _____

Language the family speaks and writes: _____ **Will an interpreter be needed?** _____

Spiritual or religious affiliation of the resident and resident's family: _____

Placement Critical Goals or Issues:

- _____
- _____
- _____

Presenting Challenges/Concerns

- **Medical:** _____
- **Circumstances leading to admission:** _____
- **Mental Health:** _____
- **Safety:** _____
- **Other:** _____

Assets and Strengths (include related information from resident, resident's family, and concerned persons in the resident's life):

Previous Placement/Interventions: For additional placements, please attach another sheet.

Program Name	Admit Date	Discharge Date	Completed Goals?

Descriptors of Past and Current/Recent Behavior (Check all that apply):

<i>Behavior</i>	<i>Past Current</i>	<i>Behavior</i>	<i>Past Current</i>	<i>Behavior</i>	<i>Past Current</i>
Assault		Passive-Aggressive		Withdrawn	
Frequent runner		Self Destructive		Mental Health Diagnosis	
Depression		Sexual acting out		Sleep disturbance	
Substance Abuse		Encopresis		Enuresis	
Destructive		Prostitution		Victim of emot abuse/neglect	
Eating Disorder		Vulnerable to sexual abuse		Victim of physical abuse	
Fire setting		Sexual perpetration		Victim of physical neglect	
Hyperactive		Social immaturity		Victim of sexual abuse	
Impulsive-Explosive		Suicidal		Verbally aggressive	

Past Criminal Charges/Convictions: (Please include dates of charges) _____

Youth's last known address: _____

Youth's permanent address: _____

Name

Address

Phone

Parent: _____

(check one) Custodial Non-Custodial Phone contact OK Supv visits OK Unsupv visits OK

Parent: _____

(check one) Custodial Non-Custodial Phone contact OK Supv visits OK Unsupv visits OK

Guardian: _____

Guardian ad Litem: _____

Last School Contact: _____

Other (_____): _____

Phone contact OK Supervised visits OK Unsupervised visits OK

Other (_____): _____

Phone contact OK Supervised visits OK Unsupervised visits OK

Other (_____): _____

Phone contact OK Supervised visits OK Unsupervised visits OK

Other (_____): _____

Phone contact OK Supervised visits OK Unsupervised visits OK

Other (_____): _____

Phone contact OK Supervised visits OK Unsupervised visits OK