

Child's Name: _____ Age: _____ Gender: _____ DOB: _____
Social Security #: _____ Person Completing this form & relationship to applicant: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Distinguishing Marks (birth marks, tattoos, piercings, scars, etc. _____

PARENT CONTACT INFORMATION:

Father's Name: _____ Occupation: _____
Address: _____ Education: _____
City/State/Zip: _____ Age: _____
Father's phone: Home _____ Work _____ Cell _____
Other Phone _____ Fax _____ E-mail _____

Mother's Name: _____ Occupation: _____
Address: _____ Education: _____
City/State/Zip: _____ Age: _____
Mother's phone: Home _____ Work _____ Cell _____
Other Phone _____ Fax _____ E-mail _____

Stepfather's Name: _____ Occupation: _____
Address: _____ Education: _____
City/State/Zip: _____ Age: _____
Step-Father's phone: Home _____ Work _____ Cell _____
Other Phone _____ Fax _____ E-mail _____

Stepmother's Name: _____ Occupation: _____
Address: _____ Education: _____
City/State/Zip: _____ Age: _____
Step-Mother's phone: Home _____ Work _____ Cell _____
Other Phone _____ Fax _____ E-mail _____

Parents' Marital Status _____ If Divorced, Custodial Parent and Terms _____

If separated or divorced, how long? _____ (Please attach a copy of the custody order)

Religious Preference and/or Practices: _____

Is the Applicant Adopted? Yes No If yes, at what age? _____ If your child was adopted, does your child have a relationship with his/her birth parents? If yes, please describe: _____

Who referred you to us: _____ E-mail: _____

(name)

Address: _____ Telephone: _____

FAMILY INFORMATION

Briefly describe the relationship between the parents and child:

Father _____

Mother _____

Stepfather _____

Stepmother _____

Siblings (please list each sibling by name, stating relationship with parents, other siblings and applicant:

The following questions are designed to assist us in working most effectively with your family. Please take a few moments to complete them in their entirety. (Use additional space if needed)

Please describe if any parent has a history of substance abuse including alcohol, drugs and prescription drugs: _____

Please describe if any parent has been physically, sexually, verbally and/or emotionally abused: _____

Has your child ever been arrested? Please describe: _____

Please describe your child's interaction with peers: _____

Has your child experienced any traumatic events in his/her life: _____

Has the family relocated or moved homes? Please give dates and ages and explain how the child did/or did not adapt: _____

Has your child changed schools? How did he/she adapt: _____

How does your child express anger? Explain. _____

Does your child use drugs, alcohol or tobacco? Yes ____ No ____ Please describe the age you first noticed drug/alcohol use and the choice of drugs, daily patterns, frequency and how administered. _____

Please list any residential treatment programs, boarding schools and/or wilderness programs that your child has been enrolled in:
1. _____
2. _____
3. _____

Did your child complete this/these programs or schools? Yes __ No __ If so, please explain: _____

Please include with this application any discharge summaries from other programs and schools

RATING SCALE

Please indicate on the line to the left of each item the number which best rates the statement.

Explain any rating higher than a “3” below, indicating the question number. Use extra sheets if needed.

0-not present; 1-very mild; 2-mild; 3-moderate; 4-moderately severe; 5-severe; 6-extremely severe

- | | |
|--|--|
| ☐ 1. Substance abuse | ☐ 29. Has trouble remembering important events or facts |
| ☐ 2. Oppositional Behavior | ☐ 30. Blames others for problems that are his/her fault |
| ☐ 3. Acts without thinking about consequences | ☐ 31. Blames self for problems that are not his/her fault |
| ☐ 4. Has a low opinion of self and abilities | ☐ 32. Does useless things over & over (ex.: washing hands) |
| ☐ 5. Feels guilty about past behaviors | ☐ 33. Is a “con artist” |
| ☐ 6. Runaway episodes (explain) | ☐ 34. Has sudden changes in mood for no apparent reason |
| ☐ 7. Believes that he/she is unable to help him/herself | ☐ 35. Thinks about suicide (explain) |
| ☐ 8. Starts fights for no reason | ☐ 36. Criminal activities (describe) |
| ☐ 9. Involvement with pornography (explain) | ☐ 37. Animal abuse (explain) |
| ☐ 10. Stays out late at night | ☐ 38. Sexual activity (explain) |
| ☐ 11. Has temper tantrums | ☐ 39. Has difficulty making friends |
| ☐ 12. Eating disorder/issues (explain) | ☐ 40. Doesn’t do much of anything; lays around all the time |
| ☐ 13. Firesetting behaviors (explain) | ☐ 41. Feels others look down on him/her |
| ☐ 14. Has trouble learning | ☐ 42. Hangs around with the wrong crowd |
| ☐ 15. Is angry or hostile | ☐ 43. Problems getting along with parents |
| ☐ 16. Depression | ☐ 44. Problems getting along with brothers & sisters |
| ☐ 17. Denies that problems exist | ☐ 45. Has difficulty expressing love, tenderness, warmth |
| ☐ 18. Self mutilation/abuse/cutting (explain) | ☐ 46. Has difficulty accepting responsibility |
| ☐ 19. Victim of sexual abuse (explain) | ☐ 47. Shows emotions that don’t fit the situation |
| ☐ 20. Victim of physical or emotional abuse (explain) | ☐ 48. Worries about the future |
| ☐ 21. Pretends to be the greatest thing on earth | ☐ 49. Is always happy, no matter what |
| ☐ 22. Assaultive behaviors (explain) | ☐ 50. Doesn’t usually know who, what or where he/she is |
| ☐ 23. Appears to have no feelings | ☐ 51. Has unwanted thoughts that cannot be forgotten |
| ☐ 24. Always tries to run the show | ☐ 52. Cannot think straight; confused |
| ☐ 25. Behavior problem in school | ☐ 53. Shy, bashful, withdrawn |
| ☐ 26. Aggressive behaviors | ☐ 54. Believes he/she has unusual powers |
| ☐ 27. Fears things people are not usually afraid of | ☐ 55. Is sad or low |
| ☐ 28. Worries about health, fear of being sick | ☐ 56. Refuses to obey authority figures |

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SOCIAL HISTORY

Please describe your child's life up to this point; when problems began, interventions tried, precipitating events, contributing factors, relationships with parents, siblings, peers, etc. Please include the history of medications prescribed, other residential placements, etc. Please use additional sheets if necessary.

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TREATMENT HISTORY

Please list the applicant's last therapist, psychiatrist, psychologist, social worker and other professionals who have worked with your child

Name: _____ Dates of Service _____
Address: _____ Phone _____
City/State/Zip: _____ Fax _____
Nature of service: _____ Diagnosis: _____

Name: _____ Dates of Service _____
Address: _____ Phone _____
City/State/Zip: _____ Fax _____
Nature of service: _____ Diagnosis: _____

Name: _____ Dates of Service _____
Address: _____ Phone _____
City/State/Zip: _____ Fax _____
Nature of service: _____ Diagnosis: _____

Name: _____ Dates of Service _____
Address: _____ Phone _____
City/State/Zip: _____ Fax _____
Nature of service: _____ Diagnosis: _____

DEVELOPMENTAL HISTORY

Did the mother have any difficulty with conception, pregnancy, labor and/or delivery? _____ If yes, please explain in detail: _____

Please describe the applicant from birth to three years old, including timeliness of all developmental milestones: _____

Please describe the applicant from four to seven years old, including timeliness of all developmental milestones, relationship and/or difficulties with parents, siblings, teachers, peers, etc. and any behavioral or emotional issues: _____

Please describe the applicant from eight to ten years old, including timeliness of all developmental milestones, relationship and/or difficulty with parents, siblings, teachers, peers, etc. and any behavioral or emotional issues: _____

Please describe the applicant from eleven to thirteen years old, including timeliness of all normal developmental milestones, relationship and/or difficulties with parents, siblings, teachers, peers, etc. and any behavioral or emotional issues: _____

Please describe the applicant from fourteen years old to the present, including timeliness of all normal developmental milestones, relationship and/or difficulties with parents, siblings, teachers, peers, etc. and any behavioral or emotional issues: _____

Medical History

Is your child currently taking any medications? Please list:

Medication	Dosage	Reason Prescribed	Date Started	Prescribing Physician's Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child taken medications in the past that he/she is not currently prescribed to take? Please list:

Medication	Dosage	Reason Prescribed	Date Started	Prescribing Physician's Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any current or previous health issues affecting your child (asthma, accidents, broken bones, operations, diseases, orthopedics, prosthetics, optical wear, dental, orthodontics, hospitalizations, diabetes, etc.) _____

Athletic Restrictions: _____

Pediatrician's Name (family physician) _____

Address: _____ **City** _____ **State** _____

Zip: _____ **Phone** _____ **Fax** _____

Date of Last Physical Exam: _____

Prescribing Psychiatrist's Name: _____

Address: _____ **City** _____ **State** _____

Zip: _____ **Phone** _____ **Fax** _____

Dentist's Name: _____ **Last Dental Exam Date:** _____

Address: _____ **City** _____ **State** _____

Zip: _____ **Phone** _____ **Fax** _____

Orthodontist's Name: _____ **Last appointment date:** _____

Address: _____ **City** _____ **State** _____

Zip: _____ **Phone** _____ **Fax** _____

Does your child wear contacts or glasses? Yes ____ No ____ **Date of last eye exam:** _____

Optometrist's Name: _____

Address: _____ **City** _____ **State** _____

Zip: _____ **Phone** _____ **Fax** _____

Please attach a copy of immunization records

Please describe your child's activity and fitness level:

Poor ____ **Below Average** ____ **Average** ____ **Above Average** ____ **Excellent**

Please list any pertinent medical information not previously listed and any other important information relating to the health history of your child:

Academic History

Please include report cards along with attendance history and any documented disciplinary actions that your child has been involved in. Include copies of any academic testing that your child has undergone.

Current School: _____ **Phone** _____

School Address: _____

City/State/Zip: _____ **Fax** _____

Current grade: _____ **Proposed year of graduation:** _____

Contact person: _____ **Title:** _____ **GPA:** _____

Performance on any standardized tests (ACT/SAT/PSAT:) _____

List any diagnosed learning differences or disabilities: _____

Describe your child’s academic strengths: _____

What is your child’s favorite class? _____

Describe your child’s academic weaknesses: _____

What is your child’s least favorite class? _____

Please list any discipline problems, tardiness, truancy, expulsion, suspensions, etc.: _____

Please provide any other important information that will enable us to best help your child in an academic setting: _____

