

NORTH SPRING BEHAVIORAL HEALTHCARE APPLICATION FOR ADMISSION

PART I – Demographics

Applicant Name <small>(last, first, middle)</small>			
Sex (circle)	Male Female Transgender	Age	
Birth Date			
Referral Source			
Agency Name <small>(If Not The Parent)</small>			
Referral Address <small>(street, city, state, zip code)</small>			
Referral Phone #			
Referral Email			
Legal Guardian <small>(Name If Not Listed Above)</small>			
Agency Name <small>(If Not Listed Above)</small>			
Guardian Phone # <small>(If Not Listed Above)</small>			
Guardian Email <small>(If Not Listed Above)</small>			
Primary Insurance			
Second Insurance			

PART II – Family Dynamics

Does this young person have a family to complete family services with?	Yes No
If you answered yes to the question above please complete the family section below. Otherwise skip	
Names of Family Referral Lives With	
Family Phone Numbers	
Family Email Addresses	
# of Siblings	
Sibling Ages	
Status and relationship with the biological family if referral does not live with them	

PART III – Behaviors That Lead to This Referral

Physical Aggression	This behavior looks like:		
	This behavior happens when:		
	Where has this behavior taken place?	How often does it take place?	
	Date of most recent incident:	Restraint Required For Safety?	Yes No
Self-Harm & Suicidal Behaviors	These behaviors look like:		
	This behavior happens when:		
	Where has this behavior taken place?	How often does it take place?	
	Date of most recent incident:	Has behavior been life threatening?	Yes No

Sexual Acting Out <small>(Includes sexual offending and sexual reactivity)</small>	Description:											
	This behavior has happened when:											
	What setting has this behavior taken place in?											
	Preferred Sex of Partner/Victim (circle)			Male			Female			Either		
	Risk to Reoffend (circle)			None			Mild			Moderate High		
	Preferred Age of Partner/Victim (circle)			Younger			Older			Either		
Most Recent Incident:												
Psychosis & Hallucinations	Description:											
	Is psychosis active?		Yes		No		Is psychosis unsafe			Yes		No
Other Behavioral Concerns <small>(Circle All That Apply)</small>	Property Destruction		Unmotivated for Treatment			Runaway			Threats			
	Lying		Stealing			Tantrums			Truancy			
	Eating Issues		Oppositional			Deceitfulness			Bulling Others			
	Violent Preoccupation		Disruptive			Attention Seeking			Bullied by Others			
	Sexual Preoccupation		Abusive to Animals			Poor Social Skills			Social Isolation			
	Reactive Attachments		Disinhibited Attachments			Manipulating			Fire Setting			
Other Concerning Symptoms <small>(Circle All That Apply)</small>	Depression		Anxiety			Attention Seeking			Avoidant			
	Inattention		Hyperactive			Explosive Reactions			Mood Swings			
	Mania		Obsessive Compulsive			Somatic Symptoms			Frustrates Easily			
	Poor Self Esteem		Weight Loss			Weight Gain			Sleep Issues			
	Self-Sabotage		Fearful			Other						
	Legal											
Charge					Date					Conviction	Yes	No
Charge					Date					Conviction	Yes	No
Charge					Date					Conviction	Yes	No
Charge					Date					Conviction	Yes	No
Charge					Date					Conviction	Yes	No
Currently on Probation or Courts Involved in Placement							Yes					No
Psychiatric												
Primary Diagnosis <small>(DSM-5/ICD-10 If Possible)</small>												
Secondary Diagnosis												
Other Factors <small>(Z, T, or V Codes)</small>												
Full Scale IQ Score												
Date Tested												
Education												
Current Grade Level	2	3	4	5	6	7	8	9	10	11	12	College
School District that Completed IEP												
IEP Designation		ED		OHI		LD		ASD		ID		Other _____
Placement/Intervention History <small>(Please list history in order starting with most recent)</small>												
Current Placement or Intervention												
Level of Care <small>(circle)</small>		PRTF Shelter Care Outpatient			Acute Hospital Foster Placement Other			Group Home JDC				

Dates of Service		Successful?	Yes No
Other Placement or Intervention			
Level of Care (circle)	PRTF Shelter Care Outpatient	Acute Hospital Foster Placement Other	Group Home JDC
Dates of Service		Successful?	Yes No
Other Placement or Intervention			
Level of Care (circle)	PRTF Shelter Care Outpatient	Acute Hospital Foster Placement Other	Group Home JDC
Dates of Service		Successful?	Yes No
Other Placement or Intervention			
Level of Care (circle)	PRTF Shelter Care Outpatient	Acute Hospital Foster Placement Other	Group Home JDC
Dates of Service		Successful?	Yes No
Other Placement or Intervention			
Level of Care (circle)	PRTF Shelter Care Outpatient	Acute Hospital Foster Placement Other	Group Home JDC
Dates of Service		Successful?	Yes No

PART IV-Medical

Describe any serious illnesses or chronic conditions	
Past serious illnesses/injuries or infectious diseases	
Current Medications	
Food or Drug Allergies (list substance and reactions)	

Substance Abuse

(list substances, age of first use and frequency of use for all substances abused)

Substance	Age of 1st Use	Frequency of Use