

Pre-Admission Referral Packet for Admission to Aspire

1) Identifying Information

Client Name: _____ Gender: _____
Date of Birth: _____ Age: _____
Current Location: _____ Admit Date: _____

2) Name of Referring Agency

Agency Rep: _____
Date of Referral: _____
Person Filling out Packet:
Name: _____
Phone: _____

3) Funding:

Does the client currently have Medicaid? Yes No

Medicaid #: _____

Does the client currently have health insurance? Yes No

INSURANCE 1

Name of insurance company: _____

Policy #: _____

INSURANCE 2

Name of insurance company: _____

Policy #: _____

Is this client currently receiving SSI? Yes No Amount? _____

Is the family eligible for an adoption subsidy? Yes No Amount? _____

4) Current Treatment Providers:

Current/ Last Psychiatrist: _____

Agency: _____

Phone #: _____

Date of Last Visit: _____

Current/ Last Therapist: _____

Agency: _____

Phone #: _____

Date of last visit: _____

5) Family Information:

Adopted: Yes No **If yes, at what age:** _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone #: _____ Phone#: _____

Occupation: _____ Occupation: _____

Primary Care Giver (if not parent):

Name: _____

Address: _____

Phone #: _____

Relationship: _____

6) Custody Status:

Parent

Mother: Marital Status: _____ Custody: Sole Shared Physical

Father: Marital Status: _____ Custody: Sole Shared Physical

State Custody

Date Placed into Custody: _____

Custody Type: Legal Guardianship

State Agency: DHS DCFS DJJS DSPD

Custody Contact: Name: _____

Address: _____

Phone: _____

Supervisor Contact: Name: _____

Phone: _____

Other – Please Explain:

7) Other Agencies involved with this client:

Name: _____ Name: _____
Agency: _____ Agency: _____
Phone: _____ Phone: _____

8) School History:

Schools Attended	District	Grade	Classroom type

Current School: _____

District: _____

School Phone #: _____ District Phone #: _____

Student is served in: Regular Education Has a 504 Plan Special education

IDEA Classification: _____ Date of IEP: _____

Date of last re-evaluation for IDEA: _____

If 9th Grade or above: is student on track to graduate: Yes No

Typical School Behavior:

9) Reason for Residential Treatment Center:

What specific symptoms, issues and events alerted family and clinicians that the proposed client was suffering from a mental illness? What behaviors indicated the client was a danger to self or others and resulted in the need for an Residential Treatment Center

10) Reason for Referral/Placement at Residential Treatment Center:

a) Why does the proposed client require a level 6 care facility? Which less restrictive treatments were unsuccessful in the community? Which symptoms are the focus of treatment, include specific examples.

b) What are the desired treatment goals that will best benefit the client?

11) Current Level of Functioning:

Please note developmental age equivalent, full scale IQ, developmental disorder, ADLs, school functioning, symptoms of psychosis, suicidality and self-harm, aggression, include an assessment of the client's mental status.

12) Risks:

a) Has the proposed client had a problem with aggression (verbal, property destruction, or physical towards self or others)? Was the aggression impulsive or premeditated and planned? How is the aggression related to their mental health diagnoses?

b) Does the proposed client have a history of trauma? If yes explain.

c) Have there been any sexual reactivity or any sexual issues as either victim or perpetrator? Please give details.

13) Discharge Plan (Average Length of Stay is 6 Months):

What is the proposed client's anticipated residence upon discharge from Aspire and why? Specify which parent and if the client is in agreement. What other options and services are available? Which mental health symptoms need to be addressed by Aspire before the client can return to a less restrictive level of care?

14) Current Diagnoses: (Axes I-V with List of Supporting Symptoms)

Name of Diagnosing Physician: _____

Date Last Seen: _____

Phone #: _____

15) Current Medications (Include Name, Dose, Schedule, When Started, Response, Level):

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16) Past Medications Used (Medication, Dose, Response, Reason Discontinued):

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17) Psychiatric History:

a) Please detail the proposed client's first onset of mental illness, previous episodes, their duration, treatments provided including medications, and outcomes of treatment.
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b) What are the proposed client's long standing personality traits and coping mechanisms?

If Readmission to a residential placement, Please Answer the following two questions:

1) If the client has previously been to a residential treatment center, what has been the course of their illness since the last discharge from residential?
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2) How will the discharge plan be different?
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18) Past Treatment:

	<u>Age</u>	<u>Modality</u>	<u>Provider</u>	<u>Time Frame</u>	<u>Response</u>	<u>Contact</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

19) Psychological Testing (Please Attach Copy):

Full Scale IQ: _____ Date Completed: _____

Previous testing results and dates:

20) Medical History: (answer yes/no; if yes then explain)

a) Accidents/injuries (Loss of Consciousness, Head Injury, Seizure): Yes No

b) Chronic Medical Problems: Yes No

c) Hospitalizations: Yes No

d) Surgeries: Yes No

e) Allergies to Medications, foods, and other products: Yes No

f) Medications: Yes No

g) Current Medical Conditions/Needs:

h) Dental/Orthodontic Care:

i) Pending Medical Appointments: Yes No

j) Family Medical History:

21) Family Structure and Dynamics:

Describe current family situation and stressors, family psychiatric history of illness and response, and family therapy treatment:

22) Developmental History:

Describe in utero substance abuse, developmental milestones, and history of developmental disorders.

23) Legal History:

a) Detention (dates):

b) Court Adjudications:

c) Pending Charges:

d) Pending Court Dates:

e) Probation Officer/JJS Case Manager:

f) Unresolved Charges:

g) Service hours/fines:

h) Please attach any current court orders:

24) Substance Abuse History: (Specific substances used, amount and frequency, when, treatment)

25) Checklist for supporting documentation:

Check what you have included in addition to the admission packet.

- Initial psych and discharge summaries from present and past hospitalizations
- Current meds
- Psychological testing
- Relevant consults/tests/labs
- Custody documentation
- Relevant court orders/charges
- DO NOT INCLUDE NOTES UNLESS RELEVANT