

NEWPORT NEWS BEHAVIORAL HEALTH CENTER 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 Led 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			Acute Hospital				Group Home				
	Shelter Care			Foster Placement				JDC				
	Outpatient			Other _____								

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