NEWPORT NEWS BEHAVIORAL HEALTH CENTER APPLICATION FOR ADMISSION			
PART I –Demographics			
Applicant Name (last, first, middle)			
Sex (circle)	Male Female Transgender	**Age**	
Birth Date			
Birth Place			
Religious Preference			
Referral Source			
Agency Name (If Not The Parent)			
Referral Address (street, city, state, zip code)			
Referral Phone #			
Referral Email			
Legal Guardian (Name If Not Listed Above)			
Agency Name (If Not Listed Above)			
Guardian Phone # (If Not Listed Above)			
Guardian Email (If Not Listed Above)			
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 (Includes sexual offending and sexual reactivity)	**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 (Circle All That Apply)	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
	Gang Involvement	Poor Hygiene	Other_____	
Other Concerning Symptoms (Circle All That Apply)	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 (DSM-5/ICD-10 If Possible)	
Secondary Diagnosis	
Other Factors (Z, T, or V Codes)	
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
(Please list history in order starting with most recent)

Current 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
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
