**Child/Adolescent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: **🞎** Medicaid: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **🞎** All Kids **🞎** Other insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Legal Guardian (or prospective adoptive parent):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Referral Source:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenting Problems** *Please check any that apply and/or supplement with detail on the back of this form.*

**🞎** Poor self-control

**🞎** Cruelty to animals

**🞎** Aggressive behavior

**🞎** Angry/hostile mood

**🞎** Temper tantrums

**🞎** Hyperactivity

**🞎** Withdrawn

**🞎** Running away

**🞎** Destructive

**🞎** Poor school performance

**🞎** Truancy

**🞎** Defiance of authority

**🞎** Manipulative behavior

**🞎** Problematic sexual behavior

**🞎** Assaultive behavior

**🞎** Target of physical abuse

**🞎** Problems adjusting to changes in life

**🞎** Target of emotional abuse

**🞎** Target of sexual abuse

**🞎** Depressed mood

**🞎** Anxiety

**🞎** Homicidal/suicidal ideations

**🞎** Drug experimentation or abuse

**🞎** Irrational fears

**🞎** Attention-seeking behavior

**🞎** Encopretic/enuretic

**🞎** Low frustration tolerance

**🞎** Inadequate social skills

**🞎** Dysfunctional family relationships

**🞎** Mood swings

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**Disposition** *To be filled out by the Nova therapist and returned to referral source.*  **MRN: \_\_\_\_\_\_\_\_\_\_\_**

This client’s referral has been:

**🞎 Accepted** *Anticipated Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **🞎 Denied** *Reason for denial:*

 **🞎** Did not meet necessary criteria for admission **🞎** Individual/individual’s relevant family member declined services

 **🞎** We were unable to successfully contact individual/their family to discuss services.

 **🞎** Individual/their family indicated interest in services at initial contact, but have since been unavailable to formally begin services

 **🞎** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further recommendations or referrals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_