

THE HIGH FRONTIER INFORMATION SHEET

Name _____ DOB _____ Age _____

SS# _____

Gender _____ Ethnicity _____ Religion _____

Anticipated arrival date for son/daughter: _____

Weight _____ Height _____ Hair _____ Eyes _____

Other Physical Identifying Characteristics:

Medical Insurance: Yes _____ No _____ If yes with what provider: _____

Medical Concerns/Allergies _____

Responsible Party/Legal Guardian: _____

Address: _____

Phone # (Home) _____ (Fax) _____

(Cell/Mom) _____ (Cell/Dad) _____

(Work/Mom) _____ (Work/Dad) _____

(E-Mail/Mom) _____ (E-Mail/Dad) _____

Financially Responsible Party: _____

Address: _____

Phone # (Home) _____ (Work) _____ (Cell) _____

(E-Mail) _____

ReferralSource/Consultant _____

Address _____

Phone# _____ Fax # _____ (E-Mail) _____

**HIGH FRONTIER RESIDENTIAL TREATMENT CENTER
PRE-ADMISSION ASSESSMENT**

Student's Full Name:	Date of Birth:	Age:	Social Security Number:	
PHYSICAL: Height: Weight:	Ethnicity:	Hair Color:	Eye Color:	Sex: M ___ F ___
Current Medications:	Allergies:	Religious Preference:	Place of Birth:	
Who prescribed the medications-when?	Does student require monthly psychotropic medication monitoring by a psychiatrist?	Student's Current Location or Placement:		

Has your child ever had a psychological/neuropsychological or psychiatric evaluation? Were they given a diagnosis or were you informed of any specific problems to be aware of?

A description of the circumstances that led you to seek residential treatment for your child. What at risk behaviors has your child displayed recently? Reason for Placement --(e.g., runaway, oppositional, aggressive, self abuse, drug use, etc.)

Are you aware of any situations that trigger significant emotional responses -- escalate your child's behavior -- (e.g., enclosed spaces, darkness, men, women, eye contact, physical touch, personal property, certain topics, colors, raised voices, etc.)

Does your child have a history of substance use, or abuse. Do their friends use substances?

Current and Past Dental History: Date of last dental examination and results. – Do they wear braces?

Current and Past Medical History: (everything) Date of last medical examination and results.

Special Needs, Problems and Behaviors

Any history of setting fires? Yes ____ No ____

Special Program Needs? Diet – Health- Hearing – speech (describe)

Describe your child's strengths/skills and special interests:

EDUCATIONAL

Current Grade:	Currently Enrolled in School: Yes _____ No _____	History of Truancy: Yes ____ No ____ Unknown _____
Any Problems in School (conduct, skipping classes, conflicts) and <u>Strengths</u> (grades earned, favorite subjects, special achievements)		
School History – Names of previous schools attended-dates.		

Other Placements (include outpatient or inpatient treatment): Dates (admission and discharge dates) -Names of placements - type of treatment-reasons for placement. This includes any family or individual counseling he/she may have participated in, hospital stays, day treatment, wilderness, etc.

The immediate and long-range goals of placement. (What would you like to see accomplished with your child. Please include any possible/planned discharge plans)

Immediate ---

Long Range ---

How long do you believe your child will need to stay at High Frontier:

A description of the student's relationship with other significant adults and children (peers).

Do they have a close relationship with an adult (neighbor, relative, etc.), or a best friend? Were they ever involved in organized sports or clubs? What is the quality of these relationships?

Birth and neonatal history (any problems during pregnancy/birth):

Did you child reach all developmental milestones at appropriate times: (crawling, walking, talking, etc.) **Were there any difficulties?**

Does your child have a history of self abuse (suicidal talk, suicide attempts or gestures, cutting on self)? If so, describe in detail any of the above and the date of the last known incident.

History of assaultive behavior. – Physical/verbal

Runaway History (typical duration of runaways, do they run alone or with others, what usually causes he/she to runaway (arguments, not wanting to follow the rules of the home, etc.)

Juvenile Justice History

Does your child have a history of involvement with the juvenile justice system? Yes ___ No ___
Describe what has happened and any dates would be helpful.

Does your child have a history of Abuse – What happened?

FAMILIAL-

- 17) **Family History** - *Persons in the home/siblings-name everyone involved with student (parents, aunts, uncles, step/adoptive siblings, grandparents) - What is the student's relationship with family members? What is the quality of these relationships? How is the home environment (are parents together or divorced). If divorced, who has custody? Were there any significant events that may have affected your child (deaths, divorce, movements, etc.) Please give a short history.*

What do you see as your child's Needs and Strengths in the following areas:

Physical: Needs:

Strengths:

Familial: Needs:

Strengths:

Educational: Needs:

Strengths:

Social: Needs:

Strengths:

Psychological: Needs:

Strengths:

Person Completing Form

Name

Relationship

Date

Thank you for your time.

ADMISSION CHECKLIST

- Birth Certificate
- Social Security Card
- Pre-admission Assessment form filled out by parents
- Custody Agreement (if parents divorced)
- Clinical Records, Psychological Evaluation
- Educational Records/Transcripts
- Immunization Record including TB test
- Physical Exam (must be completed within 6 months of admission date)
- Dental exam within last 6 months
- Authorization for medical and dental care signed by parents
- Medical/Dental Insurance Card (front and back)
- Medications
- Tuition Check or Written Permission to withdraw from Charge Account
- Enrollment Agreement signed by both parents