

Sierra Sage Treatment Center

Parent Referral Packet

Email to:

Paul Dudley, Admissions and Assessments

Phone: 818-879-3231

Email: Paul.Dudley@rop.com

Attach the following documents if available:

- The attached questionnaire completed
- Court Reports
- Recent Psychological or Psychiatric Evaluations
- Psychiatric Hospital Records (past 12 months)
- School Records
- Discharge Summaries from Previous Placements

Sierra Sage Treatment Center

Youth Profile

Name (*first, middle, last*): _____ DOB: _____ Place of Birth: _____

Nickname, AKA, Alias: _____ SSN: _____

Youth Home Address: _____
Address City State Zip

Health Insurance information: _____

(please also attach a copy of current insurance cards/documents)

Discharge Plan

What is the anticipated discharge plan? Where will she go, who will she live with, etc...

Legal Status: Who has Custody: _____

(agency, state or county)

Legal Guardian: _____

(name and relationship) – if not parent, MUST have copy of court order designating guardianship

County of Financial Responsibility: _____

County

State

Placing Agency: Juvenile Probation _____ Human Services _____ Other _____

AAP Social Worker (If applicable)

Name: _____ Address: _____

Phone: _____ Fax: _____

Email: _____

Social Worker or Probation Officer (If applicable)

Name: _____ Phone: _____

Email: _____

Please list the youth's support persons for treatment plan collaboration, in addition to the placement worker:

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

Medical Data

Alcohol/Drug History: No _____ Use _____ Abuse _____ Diagnosed Dependency _____

Current Meds, Dose, Physician

_____ Allergies: _____
_____ Psychiatric Diagnosis: _____
_____ Medical Needs: _____
_____ Dental Needs: _____

Adaptive needs (hearing, vision):

Allergies:

Medical concerns:

Pregnancies:

Developmental Issues:

Other:

School

Last school attended: _____ District: _____ Grade: _____
Location of last school (city, state) _____
Last attended date: _____ Current IEP?: _____
Special Education Needs: _____
Behavioral Issues at School: _____

Grade Level:

Learning Ability:

Youth Needs Profile

Abilities and Strengths:

Relationships

Describe her relationships with peers:

Describe her relationships with adults:

Reason for Placement:

Prior Services

Current Placement:	Dates of Placement:	Reason for Change:
Previous Placements	Dates of Placement:	Reason for Change:

Willingness of parent/guardian(s) to participate in treatment:

Behavioral and/or Mental Health, Victim Issues

1) Please describe ways the youth handles intense emotion (anger, grief, frustration):

2) Is child/youth currently seeing a counselor? Yes No

What issues is he/she working on?

3) Has child/youth seen a counselor in the past? Yes No

If yes, what kinds of issues were addressed?

4) Has child/youth been in a Mental Health hospital program? Yes No

When: _____

Where: _____

Reason: _____

Records Attached: __Yes __No

When: _____

Where: _____

Reason: _____

Records Attached: __Yes __No

When: _____

Where: _____

Reason: _____

Records Attached: __Yes __No

5) Does the youth hear voices or see things that other people don't? __Yes __No

If yes, do the voices tell the child to harm him/her or others? __Yes __No

Describe:

6) Has the youth ever struggled with an eating disorder? No Yes

7) Has the youth ever been a victim of abuse? No Yes

Was it reported? No Yes

If yes, describe:

8) Does the child/youth have a history of running away? No Yes

Describe frequency:

Describe triggers prior to running away:

Date last ran:

9) Is the child/youth sexually active? No Yes

10) Does the child/youth have a history of sexually acting out? No Yes

Explain:

11) Has the child/youth experienced a recent loss (i.e. death of family/friend)? No Yes

If yes, who?

12) Has the youth ever been assaultive towards peers? No Yes

If yes, are there any known precursors that trigger her?

13) Has the youth ever been assaultive towards adults? No Yes

If yes, are there any known precursors that trigger her?

14) Does the youth engage in cutting or non-suicidal self-injury? No Yes

If yes, describe:

14) Has youth ever had thoughts of ending her life or attempted suicide? No Yes

If yes, please describe frequency:

If yes, what plans do they have:

15) Does the youth have thoughts of taking someone else's life? No Yes

If yes, explain:

Who? When? How?

16) Does the child/youth have a current involvement in a gang? No Yes

If yes, explain:

17) Does the child/youth have a history of fire starting?

No Yes If yes, explain:

18) Are there current family conflicts?

No Yes

If yes, explain:

19) What are the child/youth's feelings and/or attitude about placement at Sierra Sage?