

**Service:** Choose an item.

**Client Information**

|  |  |
| --- | --- |
| **Name:**  | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. |
| **Address:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Living Arrangement:** Choose an item. |
| **DOB:**  | Click or tap to enter a date. | **Ethnicity:** | Choose an item. | **Gender:** | Choose an item. |
| **Caregiver/Legal Guardian Name:** | Click or tap here to enter text. |

**Parent Information**

|  |  |
| --- | --- |
| **Father:** | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| DOB:  | Click or tap to enter a date. | Ethnicity: | Choose an item. |
| **Mother:**  | Click or tap here to enter text. |
| Phone:  | Click or tap here to enter text. |
| Address:  | Click or tap here to enter text. |
| DOB:  | Click or tap to enter a date. | Ethnicity: | Choose an item. |

**School Information**

|  |  |
| --- | --- |
| **Name:**  | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. |
| **Address:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Teacher:** Click or tap here to enter text. |

**Referring Worker Information**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **District:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Fax:** | Click or tap here to enter text. |

**Supervisor Information**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Organization:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Fax:** | Click or tap here to enter text. |

**Funding Information – Below is confirmed and approved**

|  |  |
| --- | --- |
| **Funding Source:** | Click or tap here to enter text. |
| **Dates of Service:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Hours per Month:** | Click or tap here to enter text. |
| **FAPT Date:** | Click or tap here to enter text. | **Time:** Click or tap here to enter text. |

**Match Specifications**:

|  |  |
| --- | --- |
| **Gender:** | Choose an item. |
| Client interests: Click or tap here to enter text. |
| Additional Notes: Click or tap here to enter text. |

**Current/Past Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Service* | *Provider* | *Worker* | *Contact* |
| *1* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *2* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *3* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *4* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *5* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Current Diagnosis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Start Date*** | ***DSM Code*** | ***DSM Diagnosis*** | ***Medication*** | ***Dosage*** |
| Click to enter date | Click Here |  | [ ] : Click or tap here to enter text. | Click Here |
| Click to enter date | Click Here | Click or tap here to enter text. | [ ] : Click or tap here to enter text. | Click Here |
| Click to enter date | Click Here | Click or tap here to enter text. | [ ] : Click or tap here to enter text. | Click Here |
| Click to enter date | Click Here | Click or tap here to enter text. | [ ] : Click or tap here to enter text. | Click Here |

***Presenting Problem***

|  |
| --- |
| *Describe client needs*: Click or tap here to enter text. |
| *List Behaviors (frequency, intensity and duration):* Click or tap here to enter text. |
|

|  |
| --- |
| *Check Applicable* |

[ ]  **AWOL**[ ]  **Risk of Harming Self or Other**[ ]  **Self-Mutilation**[ ]  **Fall Risk** | [ ]  **Communication Needs**[ ]  **Mobility/Adaptive Equipment**[ ]  **Communicable Diseases**[ ]  **Nutritional Needs** |
| *Please note triggers, supports and known coping strategies:*Click or tap here to enter text. |

1. Does the client or family have a fever AND signs/symptoms of lower respiratory illness? (example: cough or shortness of breath) Choose an item.
2. Has the client or family had close contact with anyone that has been diagnosed with the Coronavirus in the past 14 days? Choose an item.
3. Has the family been outside of the United States within the past 14 days? Choose an item.

**Please mark checkboxes for information that can be provided:**

[ ] Most recent FAPT summary

[ ] Client Pre-Admission Assessment with Referral Form

[ ] Client Social History

[ ] Psychological/Psychiatric Evaluation

[ ] Authorization for funding (DSS Letter or DJJ Purchase Order)

[ ] Yasi\* *(Required for DJJ cases)*

**Questions? Contact us!**

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