The Program requires a complete admission application to assure that the consumer needs and best interests of each applicant are met. The following information is needed to begin the application process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral:** |  | **Referring Source:** |  |
| **Appointment Requested:** | [ ] Emergent [ ] Routine[ ] Urgent [ ] Walk-In | **Gender:** [ ]  Male[ ]  Female | **Pronouns:** [ ] He/Him [ ] She/her[ ]  They/Them[ ] Other: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Name:**  |   | **DOB:**  |  | **SS#:**   |  |

|  |  |  |
| --- | --- | --- |
| **Is client their own legal guardian?** | [ ]  Yes [ ]  No  | *If no, please give name of legal guardian:* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Guardian Name:**  |   | **Phone#:**  |  |
| **Client/Legal Guardian Address:**  |   |
| **City:**  |  | **State:**  |  | **Zip Code:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Insurance No.:** |  | **Secondary Insurance No.:** |   |

|  |  |  |
| --- | --- | --- |
| **Criminal Record:** | [ ]  Yes [ ]  No | *(If so please attach a brief explanation)* |

 **Current Symptoms/Behavioral Observations**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Anxiety[ ]  Attention problems[ ]  High Risk activities | [ ]  Gets Angry easily[ ]  Impulsivity[ ]  Mood Swings | [ ]  Substance use[ ]  Suicidal thoughts[ ]  Tantrums/Rages | [ ]  Schoolwork problems[ ]  Relationship concerns[ ]  Hopelessness[ ]  Other-Depression |

**Services Requested**

|  |  |  |
| --- | --- | --- |
| [ ]  Comprehensive Clinical Assessment[ ]  Outpatient Therapy[ ]  Intensive In Home | [ ]  Substance Abuse Services[ ]  Community Support Team[ ]  Transitional Living | [ ]  Supportive Employment[ ]  Residential Level III |

|  |  |
| --- | --- |
| **Known Diagnosis/Treatment:** |  |
| **Known Medical Problems:** |  |
| **Medications:**  |  |
| **Notes:**  |  |

*A determination as to the most appropriate services for each consumer will be made based on this information; therefore, it is important to know as much as possible about each applicant. We ask that you provide the above information in its entirety before we start working with the client, so that we can make an accurate assessment of services needed.*Please forward all information to:

**Arise Destiny**

1935 J.N. Pease Place, Suite 101, Charlotte, NC 28212 ● Fax: 704.672.5234