

Treatment history : Yes No (If yes, please include):

Medical history : Yes No (If yes, please include):

Substance Use history: Yes No (If yes, please include information):

Significant Sexual History/Comments : Yes No (If yes, please include):

Significant Information about DJJ involyment : Yes No (If yes, please include):

Education information :

Grade: _____ **Last School attended:** _____

IEP/504 plan: Yes No (If yes, please include):

Please complete this form, being sure to indicate the level of care you are seeking, and return the form to our office. In addition to returning the form, please also send the most recent CCA and/or psychological evaluation that recommends the level of care you are seeking, and the current PCP (if available). Once these items have been received by our office, our clinical team will staff the case and someone will be back in touch with you. If you have any questions or concerns, please feel free to give us a call.