



**Nexus**

**A Family of Treatment Programs**

**GERARD REFERRAL FORM**

**Youth's Name:** \_\_\_\_\_

**Date of Referral:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

\_\_\_\_\_ **Male**                      \_\_\_\_\_ **Female**

*Referral Agent Primary Contact:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Home:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*How did you learn about Nexus?:* \_\_\_\_\_

**Parent Guardian:** \_\_\_\_\_

**Relationship to Youth:** \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Email:* \_\_\_\_\_

**Youth's Current Placement:** \_\_\_\_\_ **Length of Stay in Current Placement:** \_\_\_\_\_

**List Previous Placement History:**

\_\_\_\_\_  
\_\_\_\_\_

**Placing/Funding Agency:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Youth's Primary Reasons for Needing Placement:**

What behavior(s) has youth engaged in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Youth's Medical/Psychiatric History:**

Psychiatric Hospitalization History (please include hospital & dates of hospitalization):

\_\_\_\_\_  
\_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_

List of Psychotropic Medication History: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Allergies: If yes, please explain: \_\_\_\_\_

Physical Disabilities: If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Other Pertinent Medical Issues: \_\_\_\_\_

**Youth's Educational History:**

Current Grade: \_\_\_\_\_

Diploma Obtained

GED Obtained

Last Known IQ: \_\_\_\_\_

**Special Education Classification:**

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Emotional/Behavioral Disability

\_\_\_\_\_ Other

Does Youth Have Current IEP? \_\_\_\_\_

School District of Residence: \_\_\_\_\_

School Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Last School Youth Attended: \_\_\_\_\_

Thank you for completing this admissions form.  
An admissions coordinator will contact you shortly. In the meantime,  
please compile the following documentation:

- Psychological evaluation- most recent if more than one
- Psychiatric evaluation- most recent if more than one
- Developmental/social history
- Discharge summaries from previous placements - (please only 3 most recent)
- Progress reports (current placements)
- County placement agreement (if applicable)
- CASII
- Individual Educational Plan (IEP)
- Most recent school evaluations