



Nexus

A Family of Treatment Programs

INDIAN OAKS 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)
- Current evaluation report (school)