



Nexus

A Family of Treatment Programs

ONARGA REFERRAL FORM

Youth's Name: _____ **Date of Referral:** _____

Date of Birth: _____ **Age:** _____ **Referral Source:** _____

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:

- Consent for release of information to Onarga Academy
- Social history/Placement history
- Psychological evaluation (recent)
- Psychiatric evaluation (recent)
- Sexuality assessment
- Social history
- JSO registration form
- Interstate compact agreement
- Birth certificate (copy/original)
- Social Security card/#: _____
- Court order (authorizing residential tx.)
- Probation order
- Probation social investigation
- Parole order
- Medical card/Insurance card
- Current safety plan

Medical Records:

- Immunization record
- Physical exam (within past year)
- Dental exam (within past year)
- Vision exam/screening (within past year)
- Hearing exam/screening (within past year)
- Psychiatric hospitalization records (specify): _____
- Other medical records (specify): _____

Educational Records:

- Current Individualized Education Plan (IEP)
- Current IEP triennial evaluation reports (ex. school social history; school psychological report)
- High school diploma
- GED