

Student Information:

Name: _____ Age: _____
DOB: _____ Place of Birth: _____ Citizenship: _____
Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
Student's Social Security #: _____ Student resides with: _____
Student's residence address: _____
City: _____ State: _____ Zip: _____

Parent Information:

Fathers Name: _____ Home Phone: _____
Work Phone: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Fax: _____ Email: _____

Mothers Name: _____ Home Phone: _____
Work Phone: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Fax: _____ Email: _____
If parents are divorced, who has legal custody? _____

Education Consultant :

Name: _____ Phone: _____

Referral Source:

Name: _____ Phone: _____
Address: _____ City/State: _____

In Case of Emergency, Notify The Following:

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Student Medical Coverage:

Primary Insurance
Medical Insurance Provider: _____ Phone#: _____

Address: _____

Group#: _____

Policy#: _____

Name of Insured: _____

Secondary Insurance
Medical Insurance Provider: _____ Phone#: _____

Address: _____

Group#: _____

Policy#: _____

Name of Insured: _____

Referred By: _____ Phone # _____ today's Date: _____

Name of person filling out this application: _____ Relationship to Student: _____

E-Mail Addresses: _____

Home Address: _____ Home Phone: _____

Zip: _____ Student's Name: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Race: _____

Height: _____ Weight: _____ Student's Soc. Sec. No: _____

Natural Child: _____ Adopted: _____

Approximately when would you like to place your son at Storm Ridge Ranch:

Primary Insurance Company: _____ Phone: _____

Address: _____

Insured's Name: _____ Policy, Group, Plan #: _____

Insured's Soc. Sec. No.: _____ Insured's Employer: _____

Employer's Address _____

Secondary Insurance Company: _____ Phone _____

Address: _____

Insured' Name: _____ Policy, Group, Plan #: _____

Insured's Soc. Sec. No.: _____ Insured's Employer: _____

Employer's Address _____

**** Please include a copy of your medical insurance card (front and back) or bring it at time of admission. ****

Monthly statements should be mailed to: _____

Other Responsible for Fees: _____ Amount to bill other person: _____

Address of other payor _____

Person(s) to notify in case of emergency _____

Family Information

Biological Father's Name: _____ *DOB:* _____

Address: _____ *Home Phone* _____

Occupation: _____ *Work Phone* _____

Highest grade completed: _____ *Yearly income:* _____

Soc. Sec. No. _____

Will this person be involved with Storm Ridge Ranch: Yes _____ *No* _____

Biological Mother's Name: _____ *DOB:* _____

Address: _____ *Home Phone* _____

Occupation: _____ *Work Phone:* _____

Highest grade completed: _____ *Yearly income:* _____ *Soc. Sec. No.* _____

Will this person be involved with Storm Ridge Ranch: Yes _____ *No* _____

Stepfather's Name: _____ *DOB:* _____

Address: _____ *Home Phone* _____

Occupation: _____ *Work Phone:* _____

Highest grade completed: _____ *Yearly income:* _____ *Soc. Sec. No.* _____

Will this person be involved with Storm Ridge Ranch: Yes _____ *No* _____

Stepmother's Name: _____ *DOB:* _____

Address: _____ *Home Phone* _____

Occupation: _____ *Work Phone:* _____

Highest grade completed: _____ *Yearly income:* _____ *Soc. Sec. No.* _____

Will this person be involved with Storm Ridge Ranch: Yes _____ *No* _____

Adoptive Father's Name: _____ *DOB:* _____

Address: _____ *Home Phone* _____

Occupation: _____ *Work Phone* _____

Highest grade completed: _____ *Yearly income:* _____ *Soc. Sec. No.* _____

Will this person be involved with Storm Ridge Ranch: Yes _____ *No* _____

Is there any significant history of medical, emotional, or drug problems with any family members, including extended family?

Please describe the pregnancy: (i.e. normal, complications, etc.)

Please describe birthing process: (i.e. normal, prolonged, breech, etc.)

Did your child achieve developmental tasks on time: (walking, crawling, talking, etc.)

Describe the overall personality of your son in the following three phases:

Birth to six years of age:

Seven to Twelve years of age:

Thirteen years of age to present:

Describe the history of the relationship of your son with his biological father:

Describe the history of the relationship of your son with his biological mother:

Describe the history of the relationship of your son with his step-father:

Describe the history of the relationship of your son with his step-mother:

Describe the history of the relationship of your son with his adoptive father:

Describe the history of the relationship of your son with his adoptive mother:

Describe the history of the relationship of your son with his siblings:

Describe the history of the marriage or marriage relationship(s):

If this had been a divorce or separation, describe the history of divorce/separations and your son's reaction to them. How old was he at the time of divorce/separation?

Please estimate the amount of time each week the following people typically spend one on one with your son.

- Bio Father:
- Bio Mother:
- Step Father:
- Step Mother:
- Adoptive Father:
- Adoptive Mother:

Please estimate the amount of time each week you son has access to the following people:

- Bio Father:
- Bio Mother:
- Step Father:
- Step Mother:
- Adoptive Father:
- Adoptive Mother

Treatment History

Has your son ever received counselling, psychological or psychiatric services? Yes _____ No _____

List counselling, outpatient therapy/family therapy, acute inpatient hospitalizations etc.

	<u>Name of Provider</u>	<u>Date to/from</u>	<u>Problem or Diagnosis</u>	<u>Success</u>
1.	_____	_____	_____	_____
	Address: _____			
2.	_____	_____	_____	_____
	Address: _____			
3.	_____	_____	_____	_____
	Address: _____			
4.	_____	_____	_____	_____
	Address: _____			

Who are you planning on having as his out-patient therapist after he is discharged from Storm Ridge Ranch:

Describe history of any specific disorders your son has/had (i.e. depression, deviancy, etc.):

Behavioral History:

Describe all run away history as to style, length or time, where, contact, home, friends etc: _____

Describe substance history (alcohol, street drugs, frequency or use and duration):

Describe any violence, bizarre activity, gang affiliation, or cult activity: _____

Describe any trauma your son has experienced (physical abuse, sexual abuse, violence, witness thereof):

Describe any juvenile judicial history (shoplifting, burglary, curfew violations, and court action, etc):

Current Involvement/disposition:

Previous Involvement/ disposition: _____

Does a court have legal/temporary custody? Yes _____ No _____

Is he court ordered into treatment? Yes _____ No _____

Presiding court/location: _____

Probation Officer: _____ Phone _____

Address: _____

Is your son sexually active? Yes _____ No _____

Does he have a current girlfriend? Yes _____ No _____

Is your son generally respectful to authority: Yes _____ No _____

Social History

How many very close friends would you say your son has:

Describe your son's general social skills (i.e. outgoing, less/more mature than his age, mean to friends, socially isolated

etc.): _____

Describe your son's main peer group: _____

Describe a general history of his social life, especially if there has been recent changes:

Spiritual:

Does your son have a chosen religion preference? Yes _____ No _____

If so, what religion?

Does he believe in a higher power? Yes _____ No _____

Is the family or your son involved in spiritual pursuits? Yes _____ No _____

Please explain:

Emotional:

Does your son have trouble expressing emotions: Yes _____ No _____

Generally describe any emotional problems:

Educational Data:

Describe your son's school performance (grades, relationship with teachers, classroom behavior) in three phases:

1. Kindergarten to 5th grade:

2. 6th grade to 9th grade:

3. High School:

Most recent school attended: _____

Counselor: _____

Address: _____

Phone: _____

Grade: _____ Attending Now? _____

Failures (grade or classes):

Repeated (grade or classes): _____

Suspensions:

Expulsions: _____

Level of functioning (IQ): _____

Has your son been academically assessed?

Favorite classes:

Least favorite classes:

Hobbies or special interest:

What do you perceive as your sons current academic needs:

If more space is needed, please use the reverse side of this page.

Medical History

Name/Address? Phone # of your son's physician: _____

Name/Address? Phone # of your son's dentist:

Name/Address? Phone # of your son's orthodontist: _____

If your son has been treated for any chronic illness, fractures or surgery, explain history of treatment, physician's name and phone:

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Prescribed medications: Yes _____ No _____

List current medication and dosage:

Other medical problems/physical handicaps:

Allergies: _____

Sexually Transmitted Diseases

Special Needs: (eyeglasses, contacts, hearing aids, braces)

Hallucinations:

Has your son attempted suicide? If yes explain: _____

Has your son ever had serious illness or head injuries?

Dear Parent or Guardian,

Please circle or highlight any symptom that your son has displayed in the past year or that you are worried about. Some symptoms are listed twice—**please circle it twice because the symptoms are grouped according to diagnosis and it will assist our clinicians in the diagnostic process.**

Depressed mood most of the day; (either as indicated by his report or your observation -- tearful, empty); irritable mood; diminished interest in pleasurable or goal directed activity; significant weight loss when not dieting; significant weight gain (e.g. a change of 5% of body weight in a month); decrease in appetite; increase in appetite; insomnia; hypersomnia; psychomotor agitation, psychomotor retardation; significant fatigue; loss of energy; feelings of worthlessness; excessive or inappropriate guilt; diminished ability to think or concentrate; indecisiveness; recurrent thoughts of death; recurrent suicidal ideation; suicide plans; past suicide attempt; feelings of hopelessness; low self esteem; social isolation; inability to express his-self to significant others.

A period of abnormally elevated, or irritable mood for 1 week or more; inflated self esteem; grandiosity; decreased need for sleep; more talkative than usual; pressured speech; flight of ideas; distractible; increase in goal directed activity; psychomotor agitation; excessive involvement in activities that have a high potential for painful consequences (shopping sprees, sexual indiscretion, high risk activities, binges)

A pattern of negative behavior; hostile behavior; defiant behavior; often loses temper; argues with adults; actively defies or refuses to comply with adults' requests or rules; deliberately annoys people; blames others for his mistakes or misbehavior; touchy or easily annoyed by others; angry; resentful; spiteful or vindictive; sense of entitlement; dishonesty, shoplifting, running away from home, truant from school, fails to give close attention to details; makes careless mistakes in schoolwork, work, or other activities; has difficulty sustaining attention in task or play activities; often does not seem to listen when spoken to directly; does not follow through on instructions; fails to finish schoolwork or chores (not due to oppositional behavior or failure to understand instructions); has difficulty organizing tasks and activities; avoids or dislikes engaging in tasks that require sustained mental effort; often loses things necessary for task or activities (e.g. school assignments, pencils, books); is often easily distracted by extraneous stimuli; is often forgetful in daily activities; often fidgets with hands or feet or squirms in seat; often leaves seat in classroom or in other situations in which remaining seated is expected; often feels restless; has difficulty playing or engaging in leisure activities quietly; is often "on the go" or acts as if "driven by a motor"; talks excessively; often blurts out answers before questions have been completed; has difficulty awaiting turn; often interrupts or intrudes on others.

He experienced or witnessed an event that involved actual or threatened death, serious injury, or threat to the physical integrity of self or others; his response to the experience involved intense fear, helplessness or horror; recurrent and intrusive distressing recollections of the event (images, thoughts, or perceptions); recurrent distressing dreams of the event; acting or feeling as if the traumatic event were recurring; intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities; feeling of detachment or estrangement from others; restricted range of moods; sense of a foreshortened future; difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hyper vigilance; exaggerated startle response. Excessive anxiety and worry for at least 6 months; difficulty controlling the worry; restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank;

irritability; muscle tension; sleep disturbance.

Discrete periods of intense fear or discomfort; palpitations, pounding heart, or accelerated heart beat; sweating; trembling or shaking; sensations of shortness of breath or smothering; feelings of choking; chest pain or discomfort; nausea or abdominal distress; feeling dizzy, unsteady, lightheaded, or faint; de-realization or self detachment; fear of losing control or going crazy; fear of dying; numbness or tingling limbs; chills or hot flushes.
Anxiety about being in places that can be embarrassing; fears of crowds; fear of being alone; fear of standing in

lines; fear of heights; fear of closed places; fear of leaving home; fear of flying; fear of animals; fear of speaking in public.

Recurrent thoughts or impulses that cause marked anxiety or distress; that are not about real life problems; she attempts to deal with the thoughts with some other thought or action; she knows that they are a product of his own mind. repetitive behaviors or mental acts that he feels driven to perform in response to an obsession; behaviors or mental acts are aimed at preventing some dreaded event; checking things over and over again; washing his hands over and over again; ritualistic behavior; being uncomfortable when things are not in perfect order (clothes, food on a plate, towels).

Use of any drug; Cannabis (Marijuana), Amphetamines, Cocaine, Hallucinogens, Inhalants, Alcohol, Nicotine /Tobacco, other:

TOLERANCE; (need for increased amounts of the same substance to achieve desired effect OR marked diminished effect with the same amount of the substance); **WITHDRAWAL** (classic withdrawal symptoms OR taking a similar substance to avoid withdrawal symptoms); substance is taken in larger amounts or over a longer period of time than what she intended; persistent desire or unsuccessful attempts to cut down on usage; great amounts of time spent in drug related activities; important parts of life are given up or reduced because of usage; use is continued despite knowledge of harm to self and others; recurrent use resulting in failure to fulfill a major role obligation (school, family, work); use in situations that are physically hazardous (car, needles, etc); related legal problems (arrests, under-age use, etc); continued use despite having recurrent relationship problems (arguments, family stress, social problems, school problems).

A history of physical complaints that occur over a long period of time; seem to be preoccupied with physical problems, sick often.

Several discrete episodes of failure to resist aggressive impulses that result in serious assault acts or destruction of property; degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating stressors.

Impairment in the use of multiple nonverbal behaviors (eye to eye gaze, facial expressions, body postures, gestures); failure to develop age appropriate peer relationships; lack of spontaneous seeking to share enjoyment or interest; lack of social or emotional reciprocity; preoccupation with restricted patterns; inflexible adherence to routines or rituals; stereotyped and repetitive motor mannerisms; preoccupation with parts of objects.
Symptoms relating to parents--impaired communication; overprotection; enmeshment; inadequate discipline; intense relationship; obvious lack of functionality; unresolved issues; lack of respect; out of control feelings.

- Pattern of failing grades; underachievement; truancy; dropping out of school.
- Physical Abuse of your son, Sexual Abuse of your son,
- Non-compliance with out-patient therapy, medication, probation, in-patient treatment.
- IQ below 70; IQ between 71-84; IQ between 85-115; IQ between 116-130; IQ above 131.
- Bereavement; recent abortion; recent miscarriage; recent loss of a loved one; recent suicide of a close friend; recent divorce.

Unstable relationships, unstable moods, highly impulsive; frantic efforts to avoid abandonment; intense interpersonal relationships characterized by alternating between extremes of idealization & devaluation; unstable self-image or sense of self; impulsive in at least 2 dangerous areas (spending, sex, substance abuse, reckless driving, binge eating); recurrent suicidal behavior, gestures, or threats; self mutilating behavior; intensely reactive moods; chronic feelings of emptiness; inappropriate & intense anger; difficulty controlling anger; stress related paranoid thoughts; dissocialize symptoms.

High emotionality and attention seeking; uncomfortable in situations which she is not the center of attention; interaction with others is characterized by inappropriate sexually seductive or provocative behavior; rapidly shifting and shallow expression of emotion; uses physical appearance to draw attention to self; speech is impressionistic and lacking in detail; shows self-dramatization, theatricality, and exaggerated expression of emotion; suggestible or easily influenced by others; considers relationships to be more intimate than they actually are.

General Health; Good Physical Health, allergies, recent operation, sexually transmitted disease, broken bones, tooth decay.

Problems with primary support group; educational problems, problems related to interaction with the legal system or a crime, change of residence, recent break up with a serious boy friend, drug detoxification, recent parental divorce.

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