

# Arborvale Manor Referral Information Form

Date: \_\_\_\_\_

SIL

Anticipated Placement Date: \_\_\_\_\_

Child's Name: _____ DOB _____ Age: _____ Race/Ethnicity: _____
County: _____ C&Y _____ Probation _____
Referral Made By: _____ Phone: _____
Reason for Placement: _____ _____ _____
Where Is the Child Living Now? _____

Does the Child Have Any Health Problems? _____ _____
Take Medication? _____

Previous Psychiatric Hospitalizations? ____ yes ____ no (explain) _____ _____
Axis Diagnosis: _____ _____

History of domestic violence? ____ in home exposure ____ victim
History of Abuse? ____ sexual ____ physical ____ emotional (explain) _____ _____
Drug & Alcohol History? ____ yes ____ no (explain) _____ _____

Pending Charges/Probation involvement? _____ _____
History of Aggression/Violence? _____ _____
History of Runaway Behavior? _____ _____

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Do You Have Court Orders? \_\_\_\_ yes \_\_\_\_ no (explain) \_\_\_\_\_  
\_\_\_\_\_

Court ordered placement goal? \_\_\_\_\_

A Recent Copy of Family Service Plan? \_\_\_\_ yes \_\_\_\_ no

Is Parental Involvement Expected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current School Records? \_\_\_\_ yes \_\_\_\_ no

Current Grade \_\_\_\_\_ Home School District \_\_\_\_\_

Type of Classes: \_\_\_\_ Regular \_\_\_\_ Emotional Support \_\_\_\_ Alternative Ed.  
\_\_\_\_ Learning Support \_\_\_\_ Special Ed. \_\_\_\_ Other

IQ \_\_\_\_\_

Current MA Card? \_\_\_\_ yes \_\_\_\_ no

MA Number \_\_\_\_\_ Issue # \_\_\_\_\_

Social Security # \_\_\_\_\_

Private Insurance Info: \_\_\_\_\_  
\_\_\_\_\_

Who Took Referral? \_\_\_\_\_

Faxing Background Info? \_\_\_\_\_

Who Was Informed of Referral? \_\_\_\_\_

Who Will Interview or Follow-up? \_\_\_\_\_

When and Where? \_\_\_\_\_

Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further Comments: