

WHITE HORSE ACADEMY RESIDENTIAL REFERRAL FORM

PRIORITY			
Code C (IV user)		Code D (all others)	
DEMOGRAPHICS			
Date Screen Completed:		Referral Source:	
Client Name (first, middle, last):			
Sex:	DOB:	SS#:	
Address:			
City:	County:	Zip:	
Parent/Guardian:		Relationship to Client:	
Contact #:			
REFERRING AGENCIES			
Agency	Case Worker	Phone Number	
PREVIOUS AOD HISTORY			
Substance(s) Used	Date Last Use	Amount & Frequency last 30 days	IV
Inpatient/Outpatient Facility Name		Year	Successful Completed
			No Yes
			No Yes

MENTAL HEALTH HISTORY			
Mental Health Diagnosis:			
Physician Name:		Date of Last Appointment:	
History of suicidal attempts:	No Yes	Hospitalized:	No Yes
Explain:			

LEGAL HISTORY						
Incarcerated:	No	Yes	Conditional Release:	No	Yes	Release Date:
Currently on Probation?	No	Yes	Length of Probation:			
Agent Name:			Phone Number:			
Do you currently wear any type of electronic monitoring device?						No Yes
Any pending charges?						No Yes, if so explain:
History of Violence:						No Yes, if so explain (charge & date):
Name of Last School:						
County of Last School:						
Grade:			Date Last Attended:			
School Status: Attending Expelled Suspended Dropped Out						
MEDICAL HISTORY						
Do you have any medical needs?						No Yes
Do you have any allergies?						No Yes
Explain:						
Name of Medication		Dosage		Frequency		Date Last Dose
Tuberculosis Risk Assessment						YES NO
Have you ever been diagnosed with or treated for TB?						
Within the past 6 months, have you been around someone who has been diagnosed with or treated for TB?						
Within the past 6 months, have you traveled to or lived in any of the following countries: Latin America, the Caribbean, Africa, Asia, Eastern Europe, or Russia?						
Within the past 6 months, have you lived or worked in any of the following places: homeless shelter, jail, prison, or nursing home?						
Do you currently have any condition that weakens your immunity or ability to fight disease?						
Within the past 6 months, have you injected illegal or other drugs into your body which were not recommended by your doctor?						
Tuberculosis Current Symptom Survey						YES NO
Have you had a cough for 3 weeks or longer which is much worse than a regular cough when you have a cold?						
Have you lost more than 5 pounds for no known reason?						
Have you coughed up blood?						
Have you experienced frequent, unexplained fever lasting for 2 weeks or more?						
Have you had unusual or heavy sweating, especially at night?						

Have you experienced weakness or extreme fatigue?			
MEDICAID/INSURANCE			
Medicaid Type: MCO		FFS	FPO
Medicaid Applied (date):		PA #:	
Other Insurance Company Name:			
Policy Holder Name:		Group #:	
Policy Holder SS #:		Policy Holder DOB:	
Policy Holder Employer:			
Benefits Tel. #:		Precertification Tel. #:	
Secondary Insurance:			
Total Family Income Amount:		weekly	bi-weekly
		monthly	year
Total Number of People Living in House:			
ADMISSION ELIGIBILITY			
<p>To better assist The White Horse Academy staff in determining if this adolescent meets Inpatient Criteria, the following information should be faxed to (864) 371-1278 or mailed to Laura Buttrey.</p> <ul style="list-style-type: none"> • Most recent Clinical Assessment • Most recent Psychiatric/Psychological Evaluation • Last R & E Report • Copy of Medicaid/Insurance Card/W-2 form or Paycheck • Copies of all drug screens • Records from physician/agency prescribing medications 			
HIGH RISK - INFORMATION PROVIDED			
<p>All IV Users: Counseling and education about HIV and tuberculosis; Counseling and education about the risk of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and tuberculosis transmission does not occur; Referral for HIV or tuberculosis treatment services if necessary.</p> <p>Packet mailed: _____ Refused</p>			