SPRINGBROOK
BEHAVIORAL HEALTH

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Universal Treatment Application

Incomplete applications may delay review and approval process.

Date of Application: _____ **Date Service Needed**: _____

Section 1 : Consumer Information

Consumer's Name: _____ Nickname: _____
Social Security Number: _____ Date of Birth: _____ Age: _____ Sex: _____
Race/s: _____ Weight: _____ Height: _____ Primary Language: _____
Consumer's Current Address: _____
County: _____ Current Living Arrangement : _____ Place of Birth: _____
Distinguishing Features (i.e., scars, tattoos, birthmarks, etc.): _____

Section 2 : Insurance Information (*Attach photos (front/back) of all cards)*

Medicaid Number: _____ Medicaid MCO (if applicable): _____
Private insurance name and ID#: _____

Section 3 : Guardian Information

(Bio/adoptive) Legal Guardian 1: _____ Relationship: _____
Guardian's Address: _____
Guardian's Phone Number: _____ Guardian's Email: _____
(Bio/adoptive) Legal Guardian 2: _____ Relationship: _____
Guardian's Address: _____
Guardian's Phone Number: _____ Guardian's Email: _____

Check all that apply:

Are Parents: ☐ Married ☐Separated ☐ Divorced ☐Never Married ☐Deceased Mother ☐Deceased Father
Have Parental Rights Been Terminated: ☐Yes ☐No
If so, who and when? _____

Section 4 : Primary Referral Source Information

Referring Agency: _____
Agency Contact Person: _____ Relationship: _____
Phone #: _____ Referral Email: _____
Address: _____
Where did you hear about us?: _____

Section 5 : Treatment Needs and Treatment Goals

Presenting Problems/Concerns, Reason for Referral: _____
_____
Goals for Treatment: _____
_____
_____
_____

Section 6 : Diagnoses

Diagnoses:	Estimated Diagnosis Date:

Full Scale IQ:_____

Section 7 : Current Medications

Medication:	Dose:	Frequency:

Compliant? ☐Yes ☐No

Section 8 : Trauma History

☐ Victim of Neglect:_____

☐ Victim of Physical Abuse:_____

☐ Victim of Sexual Abuse:_____

☐ Victim of Emotional Abuse:_____

☐ None

Section 9 : Treatment History *(Outpatient, Inpatient, Residential, Group Home, etc.)*

Provider/Location:	Estimated Dates:	Outcome:

Section 10 : Family Social History

Indicate if any of the following are concerns for immediate family members:

☐ Criminal Activity ☐ Child Abuse ☐ Inappropriate Sexual Behavior ☐ Treatment Disruption

☐ Psychiatric Illness ☐ Suicide ☐ Substance Abuse ☐ Other:

If checked, provide details:_____

_____

_____

Section 11 : Medical Information

Medical Conditions (past and present):

☐ Anemia	☐ Asthma	☐ Cerebral Palsy	☐ Chicken Pox	☐ Diabetes
☐ Eczema	☐ Fetal Alcohol Syndrome	☐ GERD	☐ Hearing Loss	☐ Hepatitis
☐ High cholesterol	☐ HIV/AIDS	☐ Hypertension	☐ Measles	☐ Migraine Headaches
☐ Seizures	☐ Sickle Cell Anemia	☐ Sinus Problems	☐ Sleep Apnea	☐ STDs
☐TBI	☐ Thyroid disease	☐ Tuberculosis	☐ Vision loss	☐ Vitamin deficiency

If checked, provide details (frequency, severity, accommodation needs, etc.):_____

_____

Other (ex: feeding problems, chromosomal disorders & other genetic conditions i. e. Fragile X,):_____

_____

Hospitalized for medical concerns? Provide details:_____

_____

Surgery history? Provide details:_____

_____

Immunizations? Provide details:_____

_____

Current medical needs? Provide details:_____

_____

Current dental needs? Provide details:_____

_____

Section 12 : School Information

Last School Enrolled:_____ District:_____

Currently Enrolled: ☐ Yes ☐ No Truancy History: ☐ Yes ☐ No Current IEP? ☐ Yes ☐ No

Grade:_____ Suspensions/Expulsions:_____

Section 13 : Agency Involvement

Indicate all agencies currently involved:

☐ Disability/Special Needs Organization ☐ Department of Mental Health ☐ Other:_____

Social Services: ☐ Current ☐Historical Case Worker Name:_____

Details:_____

_____

Section 14 : Legal Involvement

Criminal Record: ☐ Yes ☐ No DJJ Involvement: ☐ Yes ☐ No

Offense:	Estimated Date Convicted:

Current Probation: ☐ Yes ☐ No Probation Officer Name:_____

Pending Charges:_____

Section 15 : Strengths

Strengths/Capabilities:

Friendships/Social/Peer Support:

Rewards/Motivations/Meaningful Activities:

Religious/Cultural/Ethnic Considerations:

Section 16 : Behavioral Concerns

Where do current emotional/behavioral problems occur?

At Home: ☐Yes ☐No

At School: ☐Yes ☐No

In Community: ☐Yes ☐No

Are there identifiable/suspected triggers for behaviors?

☐ Sensory sensitivity	☐ Change in schedule or routine	☐ Escape a boring/difficult task
☐ Overstimulation	☐ Under-stimulation	☐ Denial of preferred activities/objects
☐ Crowds	☐ Being told "no"	☐ Other (please describe):

Check All Applicable Concerns:

☐ Abandonment Issues	☐ Anxiety	☐ Arson	☐ Alcohol/Drug Abuse
☐ Antisocial Behavior	☐ Assaultive (Physical)	☐ Assaultive (Sexual)	☐ Assaultive (Verbal)
☐ Bedwetting	☐ Cruelty to Animals	☐ Depression	☐ Developmental Disability
☐ Eating Disorder	☐ Fire Setter	☐ History w/ Weapons	☐ Homeless
☐ Hygiene Issues	☐ Hyperactive	☐ Impulsive	☐ Loss/Grief Difficulties
☐ Low Self-Esteem	☐ Lying	☐ Oppositional	☐ Parent Neglect Issues
☐ Perception of Reality	☐ Phobic Behavior	☐ Physical Disability	☐ Physical Impairment
☐ Problems with Sleep	☐ Property Destroying	☐ Repetitive Behaviors	☐ Running Away
☐ Self-Destructive Behavior	☐ Sexually Inappropriate	☐ Sibling Related Difficulty	☐Stealing
☐ Stool/Feces smearing	☐ Suicidal	☐ Truancy	☐ Unruly/Ungovernable

If checked, provide details (frequency, date of last incident, etc.):

Behavioral Concerns – Details:

☐ Verbal Aggression	Frequency (daily, weekly, monthly, etc.):_____ Details:_____
☐ Physical Aggression	Frequency (daily, weekly, monthly, etc.):_____ Details:_____
☐ Property Destruction	Frequency (daily, weekly, monthly, etc.):_____ Details:_____
Have Behaviors Resulted in Injury to Others?	☐Yes ☐No Details:_____
Aggression is:	☐ Impulsive ☐ Planned ☐ Instrumental ☐ Triggered by Fearfulness Details:_____
Known Triggers:	
Main Targets of Aggression:	☐ Peers ☐ Authority Figures ☐ Family Members Details:_____
Describe Most Recent Episode of Aggression:	Estimated date:_____ Details of incident:_____
☐ Suicidal Concerns	**Check all that apply:** ☐Suicidal Thoughts ☐Suicidal Plans ☐Past Suicide Attempts Details (past plans, past attempt methods, etc.):_____
☐ Homicidal Concerns	**Check all that apply:** ☐ Homicidal Thoughts ☐ Homicidal Plans ☐Past Attempts To Harm Others Does the child have access to weapons? ☐Yes ☐No Details (past plans, past attempt methods, etc.):_____

Behavioral Concerns – Details:

☐ Self Injury	**Check all that apply:** ☐Head Banging ☐Biting ☐Other:_____ Has Self-Injury Ever Required Medical Attention? ☐Yes ☐No Details:_____
☐ Elopement	Has run away from: ☐Home ☐Previous Placements ☐School How Many Times Has the Consumer Run Away In The Last Year?_____ Where Does The Consumer Go?_____ How Long Are They Typically Gone?_____
☐ Substance Use History	Does The Child Have a History of Alcohol and/or Substance Use? ☐Yes ☐No If So, List All Substances Used:_____ _____ Estimated Date Last Substance Use:_____
☐ Sexual Behaviors	Describe Any Sexualized Behaviors (Peeping, Prostitution, Predatory Behaviors, Sexual Acting Out, Verbal, Physical, etc.):_____ _____ _____ _____
☐ Psychotic Behaviors	Describe Any Psychotic Behaviors (Hallucinations, Delusions, Paranoia, etc.):_ _____ _____ _____

Section 17 : Final Comments

Desired Length of Stay:

Acute: ☐ 28 days

PRTF (residential): ☐ 90 days ☐ 180 days ☐ 270 days ☐ 360 days ☐ Other:_____

Anticipated Discharge Plan: ☐ Home with ABA, OP Medication Management + Therapy

☐ Intensive in Home ☐ Therapeutic Foster Care ☐ Group Home ☐ Independent Living

_____

_____

_____

_____

_____

_____

Signatures:

_____

Legal Guardian Print Name Date

_____

Referring Agency Print Name Date