

JACK BROWN CENTER APPLICATION PACKET

Telephone: (918) 453-5500

Toll Free: (877) 448-0496

Fax: (918) 458-0499

E-Mail Contact: jbc@cherokee.org

JACK BROWN CENTER

Table of Contents

The contents of the application consist of:

- ✎ Cover letter: 2 pages, outlining packet in detail,
- ✎ Referral information sheet: 1 page, address and phone of contact person,
- ✎ Admission criteria: 2 pages, outline of admission criteria and procedures,
- ✎ Informed consent for placement: 1 page, release form,
- ✎ Applicant questionnaire: 5 pages, signature page for release of information,
- ✎ Guardian questionnaire: 5 pages, signature page for release of information,
- ✎ Personal Belongings List: 1 page, retain for future reference,
- ✎ Physical: 2 pages
- ✎ Transportation responsibility: 1 page

In addition to the above, the following documents are **required** to complete the application packet. Copies of the required documents are sufficient; **do not send original birth certificate, CDIB, Social Security card or immunization records.**

- ✎ Certificate Degree of Indian Blood (CDIB, or Tribal membership document (copy),
- ✎ Comprehensive immunization record (copy),
- ✎ Social Security card (copy),
- ✎ Birth Certificate (copy),
- ✎ Transcript and any/all pertinent academic records from last completed semester of school,
- ✎ If applicant has previously been in treatment, copies of discharge summaries will be needed or if applicant is currently in treatment, copies of progress notes will be needed.
- ✎ Any/all court documents relating to current and past legal issues (if applicable),
- ✎ Psychological or substance abuse assessment completed by qualified professional, and
- ✎ If custody of applicant is not with biological parents, biological parents are divorced or applicant is in state or tribal custody, document specifying legal custody of applicant is needed.

JACK BROWN CENTER
Referral Information

Applicant: _____

D.O.B.: _____ Tribal Affiliation: _____

Mother: _____

Address: _____

City/State/Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Father: _____

Address: _____

City/State/Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Referral: _____

Referral Agency: _____

Address: _____

City/State/Zip Code: _____

Office Phone: (____) _____ ext. _____ Fax: (____) _____

E-mail: _____ Cell: (____) _____

Referral will be the contact person for information regarding this application.

Additional Information:

Dear Guardian/Referral:

Enclosed is the application packet for admission to residential treatment at the Jack Brown Center. The packet consists of:

- ✓ Referral Information Sheet: Document to provide us with a contact person for updates on the progress of the application. If the family completes the application, they will not need to complete the referral section.
- ✓ Admission Criteria: Document outlining the Center's policy and procedures for consideration of admission.
- ✓ Informed Consent for Placement: Form necessary to permit Center staff to review the information contained in the application packet. Applicant and the applicant's legal guardian must sign this form.
- ✓ Applicant Questionnaire Form: Intended to provide information about the applicant and should be completed by the applicant with assistance from the guardian or case manager. The applicant and applicant's legal guardian must sign the first page of the questionnaire.
- ✓ Guardian Questionnaire Form: To be completed by the legal guardian or primary care taker and intended to provide history of personal information about the applicant. The person providing the information must sign the first page of the questionnaire.
- ✓ Personal Belongings List: Will need to be adhered to. Items brought that are not on the list will not be accepted into the Center and will be returned to parent/guardian. Please retain a copy for future reference, should the applicant be accepted into treatment.
- ✓ Transportation Responsibility: From accepting responsibility to provide return transportation for applicant should he/she be accepted into treatment. Form will need to be signed by the party providing transportation. If applicant will be flying or taking the bus, a copy of the return ticket will need to be forwarded to the Center prior to admission.
- ✓ If the applicant is currently on probation or has pending court involvement, it is necessary to include pertinent documents describing the nature and outcome of the court involvement and the obligations of the applicant to the court. If applicant is court ordered to complete treatment, the court order will need to include aftercare services.
- ✓ In addition, if custody of applicant is with any person or agency other than the biological parents, a document, which clearly determines the legal guardian of the applicant, must be included with the application packet.
- ✓ Please include a copy of the applicant's Certificate Degree of Indian Blood (CDIB), or tribal membership (can not accept parent's CDIB), comprehensive immunization record, social security card, birth certificate and transcript of the last semester completed in school.
- ✓ A psychological or substance abuse assessment will need to be included with the completed packet. Also, if the applicant has received any counseling or assessment services by a social service agency or tribal agency, it is necessary to include pertinent information regarding any services, which were provided to the applicant, such as discharge summaries or progress notes.

- ✓ For out-of-state applicants, upon acceptance, a changeable round-trip airline ticket will need to be provided. Cost of ticket changes will be incurred by the referring agency.

If you have any questions regarding the application packet, operation of the Center, or services provided, please feel free to contact my office at (918) 453-5505..

Sincerely,

Vickie Goodnight, Office Manager/Intake
Jack Brown Treatment Center

JACK BROWN CENTER

Admission Criteria

POLICY

Residential treatment is intended for youth who require more intensive, comprehensive and structured care than is usually available on an outpatient basis or through other individual counseling care.

Candidates will generally be those youth with evident and serious substance abuse problems, along with social, emotional, and behavioral problems. Those whose histories clearly demonstrate that less inclusive treatment has failed or who present an immediate danger to themselves or others, as the result of continued substance abuse.

PROCEDURE

I. Admission Criteria:

- A. Primary Requirements: Clients admitted to residential services must require the constant availability of counseling and supervision on a 24-hour basis, by reason of the following:
 1. Diagnosable alcohol, drug and other substance abuse problems, as determined by the application packet, previous assessments of the Substance Abuse Diagnostic Schedule.
 2. Evident physical and mental dysfunction related to alcohol, drugs, or other substance abuse.
 3. Experienced negative consequences as a result of the abuse of alcohol, drugs or other substance use (examples: school suspension, declining school performance, drug or alcohol related arrests, etc.).
 4. Between the ages of 13 and 18 years. Those applicants not within this age range will be considered on an individual basis.
 5. Not currently suffering from or exhibiting acute/chronic psychotic symptoms, acute suicidal ideation or severe mental retardation.
 6. Eligible for enrollment in an appropriate school system.
 7. Meets criteria for IHS eligibility for services.

II. Intake Process:

- A. Only those persons who meet the primary guidelines of the admission criteria will be eligible for consideration of admission.
- B. Admission Procedure:
 1. Upon receipt of the application packet the admission/intake personnel will respond by phone and/or in writing to the referring agency personnel or family to acknowledge receipt of application packet.
 - a. The written notification of receipt of packet will include a checklist of the documents needed to complete the application packet. Only completed packets will be reviewed for consideration for admission.
 - b. The documents may also be faxed to the center at (918) 458-0499.
 2. When it is determined that the application packet is complete, it will be reviewed by the Multidisciplinary Treatment Team.
 - a. The Multidisciplinary Treatment Team mentioned above will review the completed application packet to determine the applicant's need for treatment, adherence to center admission criteria and appropriateness of center services in regard to the applicant's specific needs.
 3. Decision Outcome:

- a. The applicant is accepted for treatment, center admission/intake personnel will contact the referral and/or family with date of admission.
 - (1) If the center is at maximum capacity, a waiting list will be maintained. Admissions of those applicants on the approved waiting list will occur, as bed space becomes available, beginning with the applicant who was approved for admission at the earliest date.
 - (2) Referral personnel and/or families will be notified by center personnel to determine current status of applicant. Designated staff will document all correspondence.
- b. If the applicant is not accepted for admission or if ineligible for services, center admission/referral personnel will contact the referral agency personnel and/or family and provide referral to the most appropriate facility available.
 - (1) Admission/referral personnel will notify personnel and/or the applicant's family and provide information regarding the admission or referral of the applicant.
 - (2) Admission/referral personnel will maintain and update, area and national directories of services to facilitate for inappropriate and ineligible applicants.
 - (3) Records of applicants who are determined inappropriate or ineligible for admission will be maintained and utilized to determine any evident similarities or patterns. This information will be incorporated into the annual report at program goals of the following year.
 - (a) Records of applicants who were not approved for admission will indicate:
 - The reason for ineligibility, and
 - The recommendations for alternate services.

- III. All forms contained in the application packet must be completed and signed where necessary. The application packet will not be considered complete unless all forms contain the necessary information with signatures and all required documentation is provided.
- IV. The criteria for re-admission into the facility will be the same as the admission criteria. Also required would be treatment updates and substance abuse evaluations following discharge from the Jack Brown Center.

JACK BROWN CENTER
Informed Consent for Placement

The Jack Brown Center, its employees, affiliates, consultants and physicians are authorized to review any and all information contained in the Jack Brown Center application packet to determine the appropriateness of the applicant's placement at the Jack Brown Center.

I understand that my records are protected under Federal Law CFR 42 Part two and state confidentiality laws and regulations and cannot be released without my written consent, unless otherwise provided within those laws and regulations. Federal regulations prohibit any further disclosure of the specified information without specific written consent of the person to whom it pertains or as otherwise permitted by such laws and regulations. I also understand that I may revoke this consent in writing, at any time, unless action has already been taken based upon it. And that in any event, this consent expires automatically upon transmittal of the specified information or within ninety days after the signing of this consent unless another date is specified.

The information authorized for release may include records, which may indicate the presence of a communicable, or venereal disease, which may include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea, Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS).

Applicant: _____ Date: _____

Guardian: _____ Date: _____

JACK BROWN CENTER
Applicant Questionnaire Form

I, _____, authorize the release of the information provided on this questionnaire to the Jack Brown Center for the purpose of evaluating my child's need for residential substance abuse and/or psychological treatment. I understand that the questionnaire will be placed in the medical records of my child and may be used by the Jack Brown Center treatment staff for all phases of treatment including referral.

Applicant: _____ **Date:** _____

Guardian: _____ **Date:** _____

Applicant should received assistance from referral personnel or family member to ensure that accurate information is provided.

I. Demographic Information:

1. Applicant's name: _____
2. Address: _____
3. Father: _____ Tribal Affiliation: _____
4. Mother: _____ Tribal Affiliation: _____
5. Current marital status of biological parents:
a. married b. divorced c. separated d. single parent e. widowed
6. Applicant's current living situation:
a. mother b. father c. stepmother d. stepfather
e. foster family f. adoptive family g. boarding school h. group home
i. extended family j. detention
7. Describe your (applicant) problem(s): _____
8. Circle the letter of the most accurate response in regard to your problem(s).
a. mild b. moderate c. severe
9. What do you feel your strengths, needs, abilities and preferences are?
Strengths: _____
Needs: _____
Abilities: _____
Preferences: _____
10. What do you hope to gain from treatment?

II. Educational Information:

1. Have you ever been caught using alcohol or drugs at school? Yes No
2. Do you have trouble concentrating or paying attention to what is going on around you?
Yes No
3. Do you experience frequent mood changes, such as being very happy to very sad or very calm to very angry? Yes No
4. Do you consider yourself to be a member of a "gang"? Yes _____ No

III. Family/Social Information:

1. Who are the most important people in your life? _____
2. Who do you share your problems with? _____

IV. Religious/Spiritual Involvement:

1. Are you a member of a religious denomination? Yes No
2. Do you attend regular church services? Yes No
3. Do you participate in cultural/traditional practices? Yes No
4. Do you rely on your spirituality when you have problems? Yes No

V. Substance Abuse History:

1. Have you ever used inhalants? Yes No
2. Do you smoke cigarettes? Yes No
3. How long has it been since you last drank alcohol or used drugs? Circle the correct answer, and indicate whether it was alcohol or drugs, and what type of drugs.

a. within the past month:	alcohol	drugs _____
b. within the past six months:	alcohol	drugs _____
c. within the past year:	alcohol	drugs _____
d. more than one year ago:	alcohol	drugs _____
4. What was the last drug you used? _____
5. How old were you the first time you ever became intoxicated from alcohol or drugs?
Alcohol: _____ Drugs: _____
6. How long has it been since you were intoxicated from alcohol or drugs?

a. within the past month:	alcohol	drugs _____
b. within the past six months:	alcohol	drugs _____
c. within the past year:	alcohol	drugs _____
d. within the past three years:	alcohol	drugs _____
e. more than three years ago:	alcohol	drugs _____
7. What is the drug you were most recently intoxicated from? _____
8. Do you think you need more alcohol and/or drugs (than you used to take) to become intoxicated? Yes No
9. Have you ever taken enough alcohol and/or drugs that the next day you could not remember what you had said or done? Yes No
If yes: Once only _____ Within the past year _____
Alcohol _____ Drugs _____ Alcohol and Drugs _____
10. Has family or friends ever told you that they objected to your drinking or drug use?
Yes No
If yes: Once only _____ Within the past year _____
11. Have you ever thought you used alcohol and drugs too much? Yes No
Alcohol _____ Drugs _____
12. Have you ever used alcohol or drugs just after you had gotten up to ease a hangover or stop the shakes? Yes No
If yes: Once only _____ Within the past year _____
Alcohol _____ Drugs _____ Alcohol and Drugs _____

13. Has your drinking or drug use ever damaged a relationship with someone you cared about? Yes No
If yes: Once only _____ Within the past year _____
14. Have you ever intentionally harmed yourself or attempted suicide while under the influence of alcohol or drugs? Yes No
If yes: Once only _____ Within the past year _____
15. Have you ever gone on binges where you kept drinking for at least two days or more without sobering up? Yes No
If yes: Once only _____ Within the past year _____
16. What type of drugs have you used? _____
17. Which of the above listed drugs do you use most often? _____

VI. Psychological Information:

1. Do you have trouble falling asleep? Yes No
2. Do you ever wake up in the middle of the night and have trouble getting back to sleep?
Yes No
3. Have your eating habits changed during the past few months? Yes No
If yes: More than usual _____ Less than usual _____
4. Has your energy level changed during the past few months? Yes No
If yes: More than usual _____ Less than usual _____
5. Has your interest in your usual activities changed in the past few months? Yes No
6. At times, have you ever felt that you would rather die than continue living the way you are? Yes No
7. Have you ever made a suicide gesture or attempt while drinking or using drugs?
Yes No
8. Have you ever heard voices that no one else could hear? Yes No
If yes, were you drinking or using drugs at the time? Drinking _____ Drugs _____
Describe:
9. Do you have difficulty adjusting to change or new situations? Yes No
10. Have you ever been a victim of emotional, physical or sexual abuse (circle all correct answers)?
Emotional: Yes No Physical: Yes No Sexual: Yes No

VII. Suicidal Warning Signs: (complete section if you answered "yes" to Section VI/question 6)

1. Have you ever made a suicide attempt? Yes No
2. Have you experienced the past suicide of a friend or relative? Yes No

3. Do you have frequent thoughts of death? Yes No
4. Have you talked about or threatened suicide? Yes No
5. Have you ever made final arrangements, such as giving away prized possessions or making a will? Yes No
6. Have you experienced sudden personality changes such as not caring about your appearance or experienced sudden outbursts of anger or nervousness? Yes No
7. Have you experienced changes in school performance, such as skipping classes, dropping out of activities or lowered grades? Yes No
8. Have you experienced changes in sleep patterns? Yes No
9. Have you experienced major behavioral changes, such as withdrawing from family and/or friends? Yes No
10. If a previous suicide attempt was made, was someone nearby who could be easily contacted? Yes No
11. Did you make plans to ensure that no one could try to stop the attempt? Yes No
12. Did you have a plan for the attempt, or was it an impulsive act? Planned Impulse
Explain:
13. Was a note written? Yes No
14. What did you want to happen from the attempt?
15. What were your feelings about the attempt?
16. How many past attempts were there?
17. How was the attempt or gesture made?
18. When was the last attempt?

JACK BROWN CENTER
Guardian Questionnaire Form

I, _____, authorize the release of information provided on the questionnaire to the Jack Brown Center for the purpose of evaluating my child's need for residential substance abuse and psychological treatment, if appropriate. I understand that the questionnaire will be placed in the medical records of my child and may be used by the Jack Brown Center treatment staff for all phases of treatment, including referral.

Guardian: _____

Date: _____

Witness: _____

Date: _____

If you are unable to provide the requested information regarding a specific question, please write "unknown" in the space provided. If you need more space to answer a particular question, please inset additional paper.

I. Demographic Information:

1. Name: _____
Address: _____
City/State/Zip: _____
Telephone: work: (____) _____ Home: (____) _____
2. Relationship to applicant: _____
3. If you are not the current legal guardian, please provide the name of the present guardian and their relationship to the applicant: _____
4. Name of applicant: _____
5. Biological parent's marital status (circle one):
a. married b. divorced c. separated d. single parent e. widow
6. With whom or where does the applicant presently live? _____
7. Children in the family:

Name	Age	Living in the home	
_____	_____	yes	no
_____	_____	yes	no
_____	_____	yes	no
_____	_____	yes	no
_____	_____	yes	no

II. Education Information

1. Is applicant currently in school? Yes No
If yes: Name of School: _____ Last grade completed: _____
2. Did applicant attend school during the last semester? Yes No
3. Has applicant ever been enrolled in special education classes? Yes No
If yes, for what courses/subjects? _____
4. Does applicant have an IEP (individualized education plan)? Yes No

III. Medical/hospitalization information (applicant):

1. If the applicant has had any serious medical problem(s), please provide specific information regarding medical condition and care:

Problem	Date	Care provided
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. If the applicant is presently taking medication, please list all medications:
(I understand that I will be required to provide all medications () please initial

Medication	Date started
_____	_____
_____	_____
_____	_____

3. If the applicant has been hospitalized for any reason, please provide specific information regarding any hospitalization:

Facility	Reason	Date
_____	_____	_____
_____	_____	_____

4. Did mother use alcohol/drugs during pregnancy? Yes No
 If yes: Alcohol _____ Drugs _____ Alcohol and Drugs _____
 Daily _____ Weekly _____ Occasionally _____

5. Did father use alcohol/drugs? Yes No
 If yes: Alcohol _____ Drugs _____ Alcohol and Drugs _____
 Daily _____ Weekly _____ Occasionally _____

6. Did mother smoke during pregnancy? Yes No

7. Do special accommodations need to be made for applicant? Yes No
 Explain: _____

IV. Legal History

1. Has applicant ever been arrested for alcohol or drug use? Yes No
2. Has applicant ever been involved in vandalism or property damage when drinking or using drugs? Yes No
3. Has applicant ever been violent to others, including causing physical harm or injury?
 Yes No
4. Is applicant currently on probation? Yes No
 If yes: reason for probation: _____
 *Please attach a copy of probation conditions.
5. Does applicant currently have a probation officer he reports to? Yes No
 If yes: Name: _____
 Address: _____
 Phone: _____
 Fax: _____
6. Does applicant have past legal obligation? Yes No
7. Does applicant ever been on probation? Yes No
 If yes: Reason for probation: _____
 Was probation completed: _____
 If no: state reason why: _____
8. Is applicant court-ordered to complete treatment? Yes No
 If yes, state conditions of court order: _____

*Please attach a copy of the court order.

V. Treatment History:

1. Has applicant ever had inpatient treatment for alcohol or drug abuse? Yes No
If yes, please list the name of the facility and the dates attended.

Facility	Date
_____	_____
_____	_____

2. If yes to the above question, was treatment completed? Yes No
If no, explain:

3. Has traditional healing been used in attempts to solve the applicant's problem?
Yes No

VI. Applicant Behavior:

1. Does applicant anger easily? Yes No
2. Does applicant ever hit others? Yes No
3. Has applicant ever been assaultive to family members? Yes No
4. Does applicant sleep poorly? Yes No
5. Is applicant prone to bed wetting? Yes No
6. Does applicant say he/she is worthless or "no good"? Yes No
7. Does applicant self-mutilate? Yes No
If yes: to what extent: _____
8. Does applicant show an interest in fires? Yes No
9. Has applicant ever run away from home? Yes No
If yes: Once _____ More than once _____ Often _____
How long have they stayed gone: _____
10. If you believe the applicant to have an alcohol or drug problem, please mark the most appropriate response: Alcohol _____ Drugs _____ Alcohol and Drugs _____

VII. Parent Input:

1. How do you feel about the applicant entering treatment?
2. What do you feel the applicant's strengths, needs, abilities and preferences are?
Strengths: _____
Needs: _____
Abilities: _____

Preferences: _____

3. **What do you hope the applicant will gain from treatment?**

4. **Are you willing to participate in the applicant's treatment on a weekly basis and to what extent? Yes No**

5. **If there are other family members who may be able to be positively involved in the applicant's treatment, please provide the name of the family member and their relationship to the applicant?**

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

JACK BROWN CENTER

Personal Belongings List

\$20.00 maximum spending money and photo ID, kept with counselor or treatment coordinator.

Postage stamps (optional) 3 letter maximum charged to Jack Brown Center per week

****Neutral colored clothing and accessories only (gray, tan, black and white)****

Jeans are acceptable

	Maximum	
Shirts	10	All shirts must have sleeves NO DICKIE BRANDS
Dresses	1	Not shorter than 2 inches above the knee
Skirts	1	Not shorter than 2 inches above the knee
Pants	5	Sagging, bagging or larger than 2" over waist size will not be tolerated must be hemmed, no cut offs or holes, NO DICKIE BRANDS
Socks (pair)	10	Plain white socks only
Shoes	3	1 pair each: street shoes, tennis shoes, boots (no steel toe, Heavy or Motorcycle boots) Neutral color tennis shoes only, Neutral color shoe laces only.
Underwear	10	boys briefs/boxers/girls panties (no thongs) (boxers can not be worn as shorts) (sleeveless t-shirts, under shirts and tanks are not allowed).
Bras	7	
Shorts	3	Not shorter than 2 inches above the knee, no shorts below the knee, no cutoffs or holes
Sweat pants	5	
Gowns/T-shirts	2	
Robe/Cover up	1	
Swimsuit	1	One-piece
Coat or jacket	1	Neutral color only
Stuffed Animal	1	Neutral color only

All clothing is at the discretion of the Residential Manager

Absolutely No team logo on clothing – high school, college or professional

No sunglasses, hats or belts

No body jewelry

No recreation equipment

To be supplied by family or referral (**Bold items need to have at admission**)

All makeup items and hair products are a privilege of levels 2 and 3;

Curling iron/blow dryer	1 each	Nail clippers	1
Toothbrush	1	Tweezers	1
Wristwatch	1 (kept in client's room)	Hairbrush/comb	1 each
Hair accessories	4	Powder compact w/o mirror	1
Makeup base	1	Eyeliner	1
Lipstick/gloss	1	Eyelash curler	1
Eyeshadow compact	1	Blush compact	1
Mascara	1	Mousse/Gel/hairspray	1
		(alcohol free, non-aerosol)	
Baby Powder	1	Razors	1
Shaving cream	1	Shampoo	1
Conditioner	1	Toothpaste	1
Deodorant	1 (solid, non-aerosol)	Soap	1
Shower shoes	1	Lotion	1
Acne cream	1	Feminine Hygiene items (4 months supply)	

IF IT'S NOT ON THE LIST, DO NOT BRING IT

Client will be required to wear JBC clothing during the orientation period. If client's clothes are not appropriate, the Jack Brown Center will provide the client with sweatpants until appropriate clothing can be obtained by parent/legal guardian.

JACK BROWN CENTER
Pre-admission Physical Exam Form

This form must be completed by a licensed physician, M.D. or D.O.

Name: _____ Date of Birth: _____
 Sex: _____ Date of Examination: _____ Physician: _____

I. Medical History:

1. Date of last alcohol/drug use: _____
2. Current medication(s) and dosage: _____
3. Allergies: _____
4. If there is a history of the following conditions:

diabetes	yes__ no__	liver problems	yes__ no__
high blood pres.	yes__ no__	tuberculosis	yes__ no__
seizures	yes__ no__	kidney problems	yes__ no__
cardiovascular	yes__ no__	other:	_____

II. Physical Examination:

1. height: _____ weight: _____ blood pressure: _____
 pulse: _____ temp: _____
2. vision: left: _____ right: _____
3. hearing: left: _____ right: _____
4. Comments regarding findings: "N" = normal "A" = abnormal

head/neck	N__ A__	throat	N__ A__
eyes	N__ A__	teeth	N__ A__
ears	N__ A__	chest	N__ A__
nose	N__ A__	lungs	N__ A__
mouth	N__ A__	abdomen	N__ A__
cardiovac	N__ A__	skin	N__ A__
hernia	N__ A__	extremities	N__ A__
genitalia	N__ A__	lymphatic	N__ A__
neurologic	N__ A__		

 Note any abnormalities: _____
5. Females only:

LMP: _____	last pap: _____	contraception: _____
breast: _____	vag: _____	external: _____
pelvic: _____	BSU: _____	CX: _____
RV: _____	ADN: _____	Fund: _____

III. Lab screening:

<u>test</u>	<u>date performed</u>	<u>results</u>
CBC	_____	_____
UA	_____	_____
Chem 26	_____	_____

- Additional lab as indicated if at risk:

<u>test</u>	<u>date performed</u>	<u>results</u>
HB(s) Ag.	_____	_____
Anti-Hav	_____	_____

G.C. _____
V.D.R.L. _____
chlamydia _____

IV. **Mental status:**
general appearance: _____
attitude/behavior: _____
speech: _____
mood/affect: _____
perception: _____
orientation: _____

Thought content:
suicidal ideation: _____
preoccupations: _____
somatic concerns: _____
delusions/hallucinations: _____

Thought process:
insight: _____
judgement: _____

V. **Restrictions:**

VI. **Specifics:**
therapy: _____
diet: _____
medications: _____

I have examined this individual and find he/she is__ is not__ physically fit and capable of participating in vigorous activity.

List physical limitations, if any:

Physician's Address: _____

Physician's Telephone _____

Physician's signature Date

JACK BROWN CENTER
Transportation Form

I, _____, parent/guardian/referral accept full responsibility for the return transportation of _____, if accepted into treatment.

Guardian

Date