

# **APPLICATION PACKET**

Telephone: (918) 453-5500 Toll Free: (877) 448-0496 Fax: (918) 458-0499

#### **E-Mail Contact:**

Vickie Goodnight, Office Manager/Intake Coord.: vickie-goodnight@cherokee.org

#### **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,
- For 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 <u>required</u> to complete the application packet. Copies of the required documents are sufficient; <u>do not send original birth certificate</u>, <u>CDIB</u>, <u>Social</u> <u>Security card or immunization records</u>.

- 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,
- For 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
- For 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 Affilia	ation:	
Mother:			
Address:			
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	n for information regar	rding 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 Coordinator Jack Brown Treatment 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.
  - 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 of 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.

#### 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

questionnaire to the Ja substance abuse and/or	, authorize the release ock Brown Center for the purpose of evar psychological treatment. I understand of my child and may be used by the Jackluding referral.	aluating my child's need for residential d that the questionnaire will be placed
Applicant:		Date:
Guardian:		Date:

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

I.	De	mographic 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 j. detention d. stepfather					
	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. 10.	What do you feel your strengths, needs, abilities and preferences are?  Strengths:  Needs:  Abilities:  Preferences:  What do you hope to gain from treatment?					
II.	Ed	ucational 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 ver calm to very angry? Yes No					
	4.	Do you consider yourself to be a member of a "gang"? Yes No					
III.	Fa	mily/Social Information:					
	1.	Who are the most important people in your life?					
	2.	Who do you share your problems with?					

#### **IV.** Religious/Spiritual Involvement:

I.

	2.	Do you attend regular church services	? Yes No		
	3.	Do you participate in cultural/traditio	nal practices?	? Yes No	
	4.	Do you rely on your spirituality when	you have pro	oblems? Yes No	
v.	Sul	bstance Abuse History:			
	1.	Have you ever used inhalants? Yes	No		
	2.	Do you smoke cigarettes? Yes No			
	3.	answer, and indicate whether it was al	lcohol or drug	gs, and what type of drugs.	correct
		a. within the past month:	alcohol	drugs	
		b. within the past six months:	alcohol	drugs	
		c. within the past year:	alcohol		
		d. more than one year ago:		_	
		•		<b>5</b>	
	4.	What was the last drug you used?			=
	5.	How old were you the first time you ex Alcohol: Drugs: _		ntoxicated from alcohol or drugs	?
	6.				
		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		
		e. more than three years ago:	alcohol	drugs	
	7.	What is the drug you were most recen	tly intoxicate	ed from?	_
	8.	Do you think you need more alcoho intoxicated? Yes No	ol and/or dru	igs (than you used to take) to	become
	9.	Have you ever taken enough alcohoremember what you had said or done:  If yes: Once only Within the particular depends alcohol Drugs A	? Yes No ast year	_	uld not
	10.	. Has family or friends ever told you the Yes No If yes: Once only Within the part of the Part o			?
	11.	. Have you ever thought you used alcoh Alcohol Drugs	ol and drugs	too much? Yes No	
	12.	. Have you ever used alcohol or drugs stop the shakes? Yes No If yes: Once only Within the particle.  Alcohol Drugs A	ast year	_	gover or

1. Are you a member of a religious denomination? Yes No

	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.	Psy	vchological 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:
	0	
		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.		icidal Warning Signs: (complete section if you answered "yes" to Section (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 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?

## **Guardian Questionnaire Form**

questionnaire to the Jack I substance abuse and psycl will be placed in the med	Brown Center for the purpose of evhological treatment, if appropriate	ease of information provided on the valuating my child's need for residential e. I understand that the questionnaire y be used by the Jack Brown Center
	, <b>g</b>	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.	De	emographic Information:		
	1.	Name:		
		Address:		
		City/State/Zip:		
		Telephone: work: ()	Hon	ne:()
	2.	Relationship to applicant:		
	3.	If you are not the current legal and their relationship to the app		ovide the name of the present guardian
	4.	Name of applicant:		
	5.	Biological parent's marital statu	ıs (circle one):	
	•	a. married b. divorced	c. separated	d. single parent e. widow
	6.	With whom or where does the a	pplicant presently l	ive?
	7.	Children in the family:		
		Name	Age	Living in the home
			8.	yes no
				yes no
II.	Ed	lucation Information		
	1.	Is applicant currently in school:  If yes: Name of School:		Last grade completed:
	2.	Did applicant attend school dur	ing the last semeste	r? Yes No
	3.	Has applicant ever been enrolle If yes, for what courses/subjects		
	4.	Does applicant have an IEP (inc	lividualized educati	on plan)? Yes No
III.	M	edical/hospitalization informat	tion (applicant):	
	1.	If the applicant has had ar information regarding medical		problem(s), please provide specific
		Problem	Date Ca	re provided

	Medication 		
3.	If the applicant has been ho regarding any hospitalization	spitalized for any reason, please provi n:	de specific inform
	Facility	Reason	
4.	Did mother use alcohol/drug If yes: Alcohol Drugs	s during pregnancy? Yes No  S Alcohol and Drugs  Occasionally	
5.	If yes: Alcohol Drugs	? Yes No s Alcohol and Drugs Occasionally	
6.	Did mother smoke during pr	regnancy? Yes No	
7.	Do special accommodations in Explain:	need to be made for applicant? Yes	No
	egal History		
2.	Has applicant ever been in	volved in vandalism or property dan	
2.	Has applicant ever been in using drugs? Yes No		nage when drinki
2.	Has applicant ever been in using drugs? Yes No  Has applicant ever been viole Yes No	volved in vandalism or property dan ent to others, including causing physica obation? Yes No	nage when drinki
2.	Has applicant ever been in using drugs? Yes No  Has applicant ever been viole Yes No  Is applicant currently on profif yes: reason for probation: *Please attach a copy of profit Does applicant currently hav If yes: Name:	volved in vandalism or property dan ent to others, including causing physica obation? Yes No	nage when drinki
<ul><li>3.</li><li>4.</li></ul>	Has applicant ever been in using drugs? Yes No  Has applicant ever been viole Yes No  Is applicant currently on profif yes: reason for probation: *Please attach a copy of profit Does applicant currently hav If yes: Name:	volved in vandalism or property dament to others, including causing physical obation? Yes No capation conditions.	nage when drinki al harm or injury? es No
<ol> <li>3.</li> <li>4.</li> </ol>	Has applicant ever been in using drugs? Yes No  Has applicant ever been viole Yes No  Is applicant currently on profif yes: reason for probation: *Please attach a copy of profit yes: Name:  Address:  Phone:  Fax:  Does applicant have past legs to be applicant ever been on If yes: Reason for probation was probation comp	volved in vandalism or property dament to others, including causing physical obation? Yes No cation conditions.  Ye a probation officer he reports to? Yes all obligation? Yes No	nage when drinki

IV.

\*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.	Ap	plicant 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.	Pa	rent 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 g	ain from treatment?
4.	Are you willing to participate in the a extent? Yes No	applicant's treatment on a weekly basis and to what
5.		who may be able to be positively involved in the ide the name of the family member and their
	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 <b>NO DICKIE BRANDS</b>
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 drye	r 1 each	Nail clippers	1
Toothbrush	1	Tweezers	1
Wristwatch	1 (kept in client's room)	Hairbrush/comb	1 each
Hair accessories	4	Mousse/Gel/hairspray (alcohol free, non-aerosol)	1
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	e:				Date of B	irth:		
Sex:		Date of Examination	:					
-								
I.		lical History:	1 / 1					
	1.	Date of last alcohol/drug use:Current medication(s) and dosage:						
	2.							
	3.	Allergies:						
	4.		·	_				
			yes no		liver probler			_ no
		high blood pres.			tuberculosis			
		seizures cardiovascular	yes no		kidney prob		-	
		Cardiovasculai	yes 110		other:			
II.	Phy	sical Examination:						
	1.	height:	weight:		blood	l press	ure:	
		pulse:						
	2.	vision: left:	_ right:	_				
	3.	hearing: left:	right	:				
	4.	Comments regard	ing findings:	"N" =	normal	"A" =	abnor	mal
		head/neck	N A		throat	N A	A	
		eyes	N A		teeth	N A	A	
		ears	N A		chest	N A	A	
		nose	N A		lungs	N /	A	
		mouth	N A		abdomen	N A	A	
		cardiovacs	N A		skin	N /	A	
		hernia	N A		extremities	N /	A	
		genitalia	N A		lymphatic	N /	A	
		neurologic	N A					
		Note any abnorma	alities:					
	5.	Females only:						
		LMP:	last pap:		contraception			
		breast:	vag:		external:			
		pelvic:	BSU:		CX:	_		
		RV:	ADN:		Fund:			
III.	Lab	screening:						
,	test	_	rmed		resul	ts		
	CBC							
	UA							
	Che	m 26						
		Additional lab as indi		k:		_		
	test		rmed		<u>resul</u>	<u>ts</u>		
		s) Ag						
	Anti	-Hav						

	G.C	
	V.D.R.L	
	chlamydia	
IV.	Mental status:	
	attitude/behavior:	
	mood/affect:	
	perception:	
	orientation:	
	Thought content:	
	preoccupations:	
	somatic concerns:	
	delusions/hallucinations:	
	Thought process:	
	judgement:	
V.	Restrictions:	
VI.	Specifics: therapy:	
	diet:	
	medications:	
	re examined this individual and fi articipating in vigorous activity.	nd he/she is is not physically fit and capable
	List physical limitations, if any	
Phys	ician's Address:	
Phys	ician's Telephone	
Phy	rsician's signature	 Date

## **Transportation Form**

I,	, parent/guardian/referral accept full responsibili	ty
· ————————————————————————————————————	, if accepted in	•
Guardian	Date	