



**CULTURAL/ETHNIC/GENDER CONCERNS:**

Importance to family/youth:  Very  Somewhat  Not

Race: Please Choose

Indian-tribal affiliation: Other:

Language Difficulty:

Hispanic: Yes/No

Spiritual Affiliation:

USA Born: Yes/No

Preferred Staff:  Male  Female  Either

Peer compatibility:  Male  Female  Either

Youth's sexual preference:  gay  lesbian  bisexual  transgender  intersex  gender non-conforming

**Observation Comments:**

**STAFF OBSERVATIONS:**

Does the offender appear to have a  mental,  physical, or  developmental/cognitive illness or disability?

Does the youth age appearance indicate a risk for vulnerability? Yes  No

Does the youth's physical build indicate a risk for vulnerability? Based on your observation is the offender:

Husky  Large  Lean  Medium  Muscular  Slender  Small  Stocky  Unknown

Does the offender exhibit gestures or mannerisms during interview that would indicate sexual abuse vulnerability?

Is there additional information that may indicate the youth has a heightened need for supervision, additional safety precautions, or separation from other residents?

**MENTAL HEALTH – BEHAVIORAL/EMOTIONAL CONCERNS:**

**Maysi/Posit completed:**  by PO  at JC

Therapist/Counselor/Psychologist:

Location:

Aggression/Threats

Emotional Outbursts

Self-Harm

Suicidal History

Current Suicidal Ideation RISK

Sexuality: Active, perpetrator, prostitution, pregnant, etc.

Confused/Disorganized Thinking (observations-identify specifics)

Disorders (e.g., ADHD, EBD, Eating, Depression, Anxiety, etc.):

Other (e.g., mental health problems in family):

Has anyone ever told you that you have a  mental,  physical, or  developmental/cognitive illness or disability? If yes, by whom and what did they tell you?

**Rate:**  none  other  SED

**Comments:**

**MEDICAL:**

Insurance Plan:

Policy Numbers (copy card):

Primary Doctor/Physician:

Clinic:

Allergies:

Head Injury:

Dental Problems:

Chronic Illnesses:

Lice Check : Completed

Physical injuries/problems:

Current Immunization:

Prior Hospitalizations:

**Medications:**

**Parent approval** to give current prescriptions and OTC (cough syrup, Ibuprofen, etc. ) meds

Date approval given or denied:

**TB SCREENING:**

- Has your child ever had a positive TB skin test?
- Has a person living with you ever had TB?
- Was your child born in another country?

**Has your child had any of the following symptoms for more than the past 3 weeks?**

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Persistent cough        | <input type="checkbox"/> Chest pain      | <input type="checkbox"/> Anorexia     | <input type="checkbox"/> Chills        |
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Low-grade fever | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Bloody sputum |
| <input type="checkbox"/> Hoarseness              | <input type="checkbox"/> Fatigue         |                                       |  |

If yes to any of the above:

1. Put youth's name on "Sick Call" list with reason as "screen for TB"
2. Nurse will complete a more thorough screening

**Comments:**

**COLLATERAL INFORMATION:**

- |                                      |  |                                   |  |  |
|--------------------------------------|--|-----------------------------------|--|--|
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Social History    | <input type="checkbox"/> Releases | <input type="checkbox"/> Co. Adj. Report | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> YLS/CMI     | <input type="checkbox"/> Placement Reports | <input type="checkbox"/> Petition | <input type="checkbox"/> CD Evaluation   |  |

SW/PO restricted no contact/visitors:

- Y  N Off Ground CS/activities                       Y  N Parents may transport

Staff completing form:

Phone#:

(needed on referrals)

**Distribute copies to:**

Primary Counselor/File

Jennifer Holloway \_\_\_\_\_ Date: \_\_\_\_\_

Arin Smith \_\_\_\_\_ Date: \_\_\_\_\_

Dar Anderson \_\_\_\_\_ Date: \_\_\_\_\_

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