*** REFERRAL QUESTIONNAIRE***

*Unless indicated otherwise, all referral information should be directed to the PLYP Group Homes Program Director, Sara Duchene, at* sara@plypgh.com

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| ***CHILDS NAME:***  |
| ***CHILDS AGE:***       |
| ***WOULD THIS PLACEMENT BE*** ***[ ] COURT ORDERED OR*** ***[ ] VOLUNTARY?***      |
|  ***IF COURT ORDERED, COULD THE ORDER READ TO ALLOW TEMPORARY TRANSFER TO SECURE SHOULD*** ***BEHAVIORS WARRANT? [ ] YES [ ]  NO***  |
| ***WHERE IS THE CHILD CURRENTLY?***      |
| ***LIST PRIOR PLACEMENT HISTORY:***      |
| ***IS THERE A CURRENT*** ***[ ] DIAGNOSTIC ASSESSMENT OR*** ***[ ]  PSYCH EVAL (IF SO, MUST HAVE A COPY):***      |
| ***IQ SCORE:***      |
| ***IS THE CHILD ON ANY MEDICATIONS?***  ***[ ] YES [ ]  NO (IF SO PLEASE LIST):*** |
| ***WOULD THE CHILD NEED A PSYCH EVAL WITH OUR PROVIDER?*** ***[ ] YES*** ***[ ]  NO*** |
| ***ARE THERE ANY CRIMINAL CHARGES/HISTORY? [ ] YES [ ]  NO (IF SO PLEASE IDENTIFY):*** |
| ***ABUSE HISTORY? [ ]  PHYSICAL [ ]  SEXUAL [ ]  EMOTIONAL [ ]  N/A***  |
| ***CONCERNS REGARDING SEXUAL BOUNDARIES? [ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***HISTORY OR CONCERNS REGARDING PERPETRATING OR ABUSING OTHERS?***  ***[ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***AGGRESSION HISTORY? [ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***CHEMICAL USE ISSUES?***  ***[ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***WOULD THE CHILD NEED A*** ***[ ]  RULE 25 OR*** ***[ ]  OUT PATIENT PROGRAMMING?***      |
| ***HISTORY OR CONCERNS OF*** ***[ ]  SELF-INJURIOUS BEHAVIORS OR*** ***[ ]  SUICIDAL ATTEMPTS/IDEATIONS?*** ***(IF SO PLEASE EXPLAIN):*** |
| ***FAMILY HISTORY/CONCERNS?***      |
| ***CURRENT SCHOOL AND GRADE:***      |
| ***IS THERE AN IEP? [ ] YES [ ]  NO (MUST RECEIVE A COPY OF IEP AND EVALUATION REPORT):***      |
| ***ANY BEHAVIORAL CONCERNS IN SCHOOL?***      |
| ***ARE THERE ACEDEMIC CONCERNS?***      |
| ***WHERE WOULD THE CHILD GO UPON SUCCESSFUL DISCHARGE FROM PLYP GROUP HOME?***      |
| ***LIST YOUR TREATMENT RECOMMENDATIONS FOR PLACEMENT:***      |
| ***AVERAGE GROUP HOME PLACEMENT IS 5-8 MONTHS; IS THERE A DIFFERENT TIME FRAME YOU WOULD LIKE US TO CONSIDER? [ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***WHEN ARE YOU HOPING TO HAVE THE CHILD ADMITTED?***      |
| ***LIST ANY OTHER QUESTIONS OR CONCERNS YOU MAY HAVE:***      |

***ADDITIONAL INFORMATION NECESSARY TO ASSIST US IN DETERMINING IF CLIENT CAN BE ACCEPTED:***

* + *Prior placement discharge reports*
	+ *Family history/issues*
	+ *Prior and current diagnostic, psychological, psychiatric, neuropsychological, psychosexual evaluations*

*Please be sure to include your contact information. Thank you!*