

P.O Box 1796 + 101 Bramble + Manteno, IL 60950 + Phone: 815-802-3700 + Fax: 815-468-2320

NEXUS-INDIAN OAKS REFERRALFORM

Youth's Name:			Date of Referral:		
Date of Birth:	Age	:	Referral Source:		
□Male	□Female				
Referral AgentPr	imary Contact:				
Address:					
Home:	F	ax:	Email:		
How did you learr	about Nexus?:				
Parent Guardian:		Re	lationship to Youth:		
Address:					
Phone:	Fa	ax:	Email:		
Youth's Current	Placement:		Length of Stay in Current Placement:		
List Previous Placement History:					
Placing/Funding Agency:					
Insurance:					
ID #:					
Contact Person:					
Youth's Primary	Reasons for Need	ing Placement:			
What behavior(s)	has youth engaged	in:			

Youth's Medical/Psychiatric History:

Psychiatric Hospitalization History (please include hospital & dates of hospitalization):

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Psychiatric Diagnosis:						
Current Medications:						
List of Psychotropic Medication	History:					
Medical Diagnosis:						
Allergies: If applicable, please e						
Physical Disabilities: If applicab	le, please exp	lain:				
Other Pertinent MedicalIssues:						
Youth's Educational History:						
Current Grade:		Diploma Obtained	□ GED Obtained			
Last Known IQ:						
Special Education Classificati	on:					
	Learning Disability					
Emotional/Behavioral Disability						
		Other				
Does Youth Have Current IEP?						
School District of Residence:						
School Contact Person/Title:						
Address:						
Phone:	Fax:	Email:				
Last School Youth Attended:						



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Thank you for completing this admissions form. An admissions coordinator will contact you shortly. In the meantime, please compile the following documentation:

- Psychological evaluation- most recent if more than one
- Psychiatric evaluation- most recent if more than one
- Developmental/social history
- Discharge summaries from previous placements (please only include 3 most recent)
- Progress reports (current placements)
- County placement agreement (if applicable)
- CASII
- Individual Educational Plan (IEP)
- Current evaluation report (school)