

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)