



Information/intake Sheet

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Street Address:

City:

State:

Zip:

Home Number:

Work Number:

Cell/Pager

Fax Number:

Email Address

Parent/Guardian Name:

Street Address:

City:

State:

Zip:

Home Number:

Work Number:

Cell/Pager:

Fax Number:

Email Address:

Custody Information:

SCHOOL OR PROGRAM YOU HAVE SELECTED.

Name of School/Program:

Contact Person:

Phone Number:

Address:

Airport Pickup: Yes or No

Estimated Time of Arrival:

ADOLESCENT INFORMATION:

Name:

DOB:

Age:

Height:

Weight:

Hair Color:

Eye Color:

Distinguishing Marks:

Image/Dress:

reasons for going to program:

Substance Abuse:

Smokes:

Violent Behavior:
Access to Weapons:
Suicidal:
Any Attempts? .
Self-Mutilation:

Arrest Record: None
Probation Officer Name:

Probation:
Number:

MEDICAL/PSYCHIATRIC PROFILE:

Medical History:
Psychiatric History or Counseling:
Clinical Assessment (Any Disorders):
Medication:
Allergic to food or other:
Type/How Much:

SOCIAL BACKGROUND:

Siblings:
Friends:
Gang Affiliation:
Boyfriend/Girlfriend:
Likes:
Sports:
Dislikes:
Any Prejudices:
Any Recent Losses:
Any Goals for the Future:

Additional Information:

TRANSPORT INSTRUCTIONS:

Agent Instructions:

REFERENCE INFORMATION:

Referred By:
Name of Consultant:
Contact Number:

AGENTS ARE TO LEAVE CONSULTANT MESSAGE UPON COMPLETION OF TRANSPORT

Agent Information:

Lead Agent: Arnulfo Molina Contact Number 773-406-1783

