**Horseshoe Mountain Academy**

**Hope. Vision. Courage**

**STUDENT INFORMATION**

Name: Age: DOB:

Place of Birth: Race: Height: Weight:

Hair color: Hair Length: Hair Style:

Complexion: Eye Color:

Unique Characteristics (scars, limp, tattoos, piercings, glasses etc.):

Student’s SS# Child lives with?

Does your child know about and/or that s/he is being considered for RTC? No Yes

**FAMILY INFORMATION**

\*Mother’s Name:

Address:

City: State: Zip:

Home Phone: Work Phone:

Cell Phone:

E-Mail:

Occupation:

Marital Status: Married Divorced Remarried Widow

If remarried please supply information:

Name:

Address:

City: State: Zip:

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

Occupation:

How long re-married?

\*Fathers Name:

Address:

City: State: Zip:

Home Phone:

Work Phone:

Cell Phone:

E-Mail

Occupation:

Marital Status: Married Divorced Remarried Widow

If remarried please supply information:

Name:

Address:

City: State: Zip:

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

Occupation:

How long re-married?

**If parents are divorced or separated, both parents must fill out and sign the application. \*\*\*\*\* Please attach copy of court custody papers if parents are divorced or separated\*\*\*\*\***

**IMMEDIATE FAMILY MEMBERS**

**Please explain the student’s home living arrangements:** (Be specific as to her living arrangements, physical conditions, emotional condition, any tension in the home etc.)

**List all siblings**

Sibling’s Name: Date of Birth: Current Age:

Sex: Biological/Step If deceased, date of death: with whom does

the sibling lives?

Please briefly describe the relationship between the sibling and the potential student:

Sibling’s Name: Date of Birth: Current Age:

Sex: Biological/Step If deceased, date of death:

With whom does the sibling lives?

Please briefly describe the relationship between the sibling and the potential student:

Sibling’s Name: Date of Birth: Current Age:

Sex: Biological/Step If deceased, date of death:

With whom does the sibling lives?

Please briefly describe the relationship between the sibling and the potential student:

Is there any significant history of medical, emotional, or drug problems with any family members, including extended family?

**Describe the overall personality of your daughter in the following three phases:**

Birth to six years of age:

Seven to twelve years of age:

Thirteen years of age to present:

**Referral Source:**

Name: Phone:

Reason for Referral(Please be very **specific** including issues at home and work as well as any symptoms such as mood changes etc.):

What specific events precipitated the decision to seek treatment (ie. violence, runaway behavior etc.):

Please describe your child’s strengths:

Please describe your child’s weaknesses:

In Case of Emergency Contact: Name: Relationship:

Address: Phone:

City: State: Zip:

**EDUCATIONAL INFORMATION:**

Where does your child currently attend school?

Grade: Phone:

Address City, State, Zip:

Does your child have any learning disabilities that she receives support for in school? Yes No

Explain:

Has your child ever experienced any of the following from the school system?

Held back Please list the dates

Promoted up a grade Please list the dates

Suspended Please list the dates

Expelled Please list the dates

Does your child have any relationship with her teachers? Yes No

Explain:

Please describe your daughter’s academic strengths:

Please describe your daughter’s academic weaknesses:

**DEVELOPMENTAL HISTORY**

Please describe your pregnancy or whatever information you may have about the birth mom if applicable. (Prenatal, Postnatal in terms of complications, drug/alcohol use, accidents, medications, attitude regarding being pregnant.)

Was the child premature? Yes No

Did the child in some way seem different from birth or at a very early age? Yes No

Describe:

What illness did the child have during the first year of life?

None Accidents/falls

Healthy baby Infections

Sickly baby Colds

Convulsions Pneumonia

Flu High fevers

High fevers, up to

Broken Bones:

Other:

Did your child reach developmental milestones (rolling over, crawling, walking, talking, and potty training) at appropriate ages: Yes No If no, describe?

Did your child experience any developmental problems as s/he has aged? Yes No

If yes, describe:

Enuresis/Encopresis: (Bedwetting, urinating or defecating in places other than the toilet) Yes No

If yes, describe:

Eating Patterns/Problems/Nutritional Issues: Appetite:

Food, medication and any other allergies:

Sleep Patterns :( Past and present, nightmares, difficulty falling asleep, staying asleep, early rising, difficulty waking up, etc) Average hours sleep per night:

Does she feel/seem rested during the day? Yes No

Has your daughter ever been sexually abused or molested? Yes No If yes, please indicate age and impact of abuse:

Traumas: (accidents, illnesses, broken bones, hospitalizations, allergies, witness to abuse, etc)

Sexual Development: (Sexually active, birth control, protection, STDs, sexual orientation, etc.)

**BEHAVIORAL INFORMATION:**

Does your daughter have any of the following behaviors or history of such behaviors? Please explain each one.

Fears/Obsessions/Compulsive behaviors:

Fire Setting:

Cruelty to animals/small children:

Runaway/Sneaking out behavior:

Destructive Behavior (Property destruction/vandalism/etc.): Aggressive/Violent behavior towards others

(Adults, peers, verbal/physical)

Delusions and/or Psychotic Behaviors:

Self-Harmful Behaviors (cutting, self-esteem, suicidal threats/attempts, eating habits):

Substance Abuse History (alcohol, drugs, frequency or use of duration):

Describe any trauma your daughter has experienced (physical abuse, sexual abuse, rape, violence, witness thereof):

Any formal Diagnosis (Please attach any psychological reports)

Prescribed Medications:

Previous Discontinued Medications:

Attitude towards taking prescribed medications:

**STUDENT HISTORY**

A surprising number of what are considered “normal” children may exhibit some of the behaviors and characteristics in an attempt to create an image and are not indicative of any serious psychological problems. Any comment you may have on these would be beneficial in our work with your child.

Please check all that apply to your child.

Accident prone Alcohol use Aggression towards others Alienation from parent/s Anxiety

Blacks out Bedwetting Blames others Bullies Basically unhappy

Binges and/or purges Car theft Cutting on herself Cruelty to pets/animals

Cries easily or often Complains a lot Defiant Destroys property

Difficult to control Dishonest Dare Devil Depressed mood

Denies mistakes Does not like being touched Drug use Easily frightened

Excitable Frustrated easily Fire setting Gang Involvement

Irritable Impulsive Intimidated by others Internet addiction

Isolates Lack of motivation Lack of remorse Lies Manipulative

Manipulated easily by others Mood swings Overeats Obnoxious

Panic Attacks Poor concentration or attention span Poor hygiene Phobias

Physical Violence Quarrelsome Rage attacks Starves herself

Suicide threats Suicide attempts School failure Sexually acting out

Sexual identity issues Seeks attention Sneaky and/or deceptive Shy or timid

Strange thoughts Sleep disturbances Theft Threatens others

Truancy Temper tantrums Vandalism Verbally abusive

Violence Withdrawn Weapons

**SOCIAL ATMOSPHERE:**

Please describe your families and your daughter’s home life:

Environment at Home (Peaceful/Dangerous/Chaotic; has own room, community is rural, inner-city, suburb, is the community perceived as dangerous, what is the home like (apt, trailer, house, etc.)

Ethnic and Cultural issues/biases: (heritage; geographical location; family identity; belief system; cultural traditions; special diet, issues of discrimination/prejudices; or any other needs)

Socioeconomic needs (Income level, level of need, hardships, stressors, value of money):

Religious/Spiritual issues (History of church affiliation; beliefs about God; special issues; knows the difference between right and wrong?):

**PEERS:**

How many best friends does your child have?

Are there any friends/acquaintances that s/he would try to contact? If so, please list their names:

Does your child make friends easily? Yes No

Comments:

Is your child: A leader A follower Both (check one)

Comments:

When with friends, what kinds of activities do the child/peers engage in?

If your child was to run away, who would she most likely contact? Please list name, location, and phone number

Any family members who would interfere with your child’s treatment by assisting her elope from the program, or send in contraband items that would jeopardize your child’s progress: Yes No

If yes, please explain:

**SUBSTANCE ABUSE HISTORY**: When did your family first recognize your child problems with substance abuse?

Please describe the impact of your child’s substance use/abuse on:

Family:

School:

Community:

Legal:

Does your child have her own paraphernalia? Yes No

Explain:

What is her attitude towards recovery?

Please describe your child’s substance use history as you know it:

Age of Onset Form of Use/ Progression

Alcohol:

Marijuana:

Tobacco:

Crack/Cocaine:

Heroin:

Ecstasy: Methamphetamines: Inhalants: Hallucinogens: Prescription Medications:

Have any of the following ever occurred in association with your child’s substance use/abuse: Check if it applies.

Detox Blackouts

Hallucinations Suicidal

Violence Accidents

Social Withdrawal

Overdose

If anything is check - Description:

**LEGAL STATUS:**

Has your daughter ever been arrested? Yes No

What have been the legal ramifications of arrests? (Detention, probation, outpatient counseling, inpatient counseling, hospitalization, etc.):

List each of the charges that lead to arrests:

How many times:

Is your daughter currently on probation/parole? Yes No

If yes, indicate name of probation/parole officer:

**CLINICAL TREATMENT HISTORY**

Please list all past facilities where your daughter has been placed outside of the home ( i.e.: mental, hospitals, other outdoor therapy programs, other emotional growth programs, and/or attended AA/NA programs, outpatient therapists, psychologists, psychiatrists.)

**MEDICAL HISTORY**

Please list any current health problems that may pose a problem with your child engaging in any outdoor therapy activities, or field trips. Please explain:

Has your child ever been hospitalized for any physical reasons? Yes No

Reason:

Please give dates of hospitalization/location/details for physical reasons: Location(s):

Date(s)

Details

Has your child had a tetanus inoculation within 10 years? Yes

Date No

Is your child current with her vaccinations? Yes No

**\*\* Utah State law requires proof of current immunizations.**

**Please attach a copy of your child’s vaccination records\*\***

Child’s Family Physician’s Name:

Date of Last Exam:

Phone:

Child’s Optometrist Name:

Date of Last Eye Exam:

Phone:

Does your daughter wear glasses or contacts: Yes No

Daughter’s Dentist Name:

Date of Last Exam: Phone:

Is your daughter receiving treatment from an Orthodontist? Yes No

Orthodontist Name: Phone:

**PARENT/LEGAL GUARDIANS EXPECTATIONS FOR TREATMENT**

(What are your expectations concerning your child’s experience at Horseshoe Mountain Academy)

1. .
2. .
3. .

**Discharge Planning:**

What is the current plan for discharge once your child discharges from this program?

Has the child worked previously with an outpatient counselor? Yes No If yes, name of counselor:

Will the client continue to work with the previous counselor once discharged?

**VISITATION**

All telephone calls with your daughter *must be pre-approved* by Parents/Guardians and the management team.

**APPROVED TELEPHONE LIST**

While on Orientation, your daughter **will not** have any outside communication. (Minimum 15 days).

Once your daughter has completed the orientation level, she will be able to make phone calls. Calling privileges are according to the levels system. Friends **will not** be approved for contact until she is on the appropriate level. Phone call days are generally Wednesday or Thursday for her to call out for 30 minutes. On Sunday she can receive phone calls for 30 minutes.

DAUGHTER’S NAME:

May telephone the following people:

Name: Relationship: Phone #:

The above-named people are approved for my/our daughter while she is at Horseshoe Mountain Academy to call on the telephone. It is my/our understanding that no one else will be permitted to call unless pre-approved.

Parent/Guardian (Print Name) Signature Date

Parent/Guardian (Print Name) Signature Date

All written correspondence with your daughter *must be pre-approved* by Parents/Guardians and the management team.

**APPROVED MAIL LIST**

While on Orientation your daughter **will not** be able to send or receive mail. Once she has completed the orientation level, she will be allowed to send and receive letters.

Friends **will not** be approved for contact until she is on the appropriate level. Gifts and packages can be received when on the appropriate level.

May write letters, and accept letters from the following people:

All mail incoming and outgoing will be matched with this list. Email may be received, but your daughter **will not** be able to send Email.

Name: Relationship: Address .

The above-named people are approved for my/our daughter to send and receive letters while she is at Horseshoe Mountain Academy. It is my/our understanding that no one else will be permitted to write unless pre-approved.

Parent/Guardian (Print Name) Signature Date

Parent/Guardian (Print Name) Signature Date