



BEHAVIORAL HEALTHCARE CORPORATION
.....lighting the way to new beginnings

COMPLETE SCREENING ASSESSMENT

Date: _____

Consumer _____ Date of Birth _____

Age _____ Male _____ Female _____

MCO / LME _____ Phone _____

Referring Agent _____

Referring Agent Phone Number _____

Referring Agent's Company _____

Guardian _____ Phone _____

Type of Insurance _____
(Primary) (Secondary)

Current Placement _____ How Long _____

Please complete the following application and return to:

NOVA Behavioral Healthcare
ATTN: Joy Cox
P.O. Box 11077
Goldsboro, NC 27532

Or Fax To: 1-919-735-9643

Or Email To:
Email: NOVANewBeginning@aol.com

CURRENT STATUS

1. What is the applicant's current DSM-IV-TR Diagnosis?

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

2. What services does the child need that NOVA provides?

- Comprehensive Clinical Assessment
- Medication Management
- Outpatient Therapy
- Day Treatment
- Intensive In-Home
- Other (Specify) _____

3. What outside/natural resources does the consumer have (Parent/Guardian, DSS, Case Manager, GAL, Court Counselor, etc.)?

4. What is the current grade and school placement for the consumer?

5. Current Medications:

6. Any Known Allergies?

7. Previous Medications that have not worked in the past:

8. What are the consumer's favorite sports, activities, and hobbies?

9. What are the consumer's favorite foods?

10. What foods does the consumer not like?

11. How does the consumer like to socialize (i.e. one-on-one, small group, large group)?

12. Describe the positive qualities of the consumer.

SOCIAL/DEVELOPMENTAL/BEHAVIORAL/EMOTIONAL HISTORY

13. How active is the child? _____ Is the child “fidgety”, and how does he/she show it? _____

14. Does the child have any problems paying attention or concentrating? _____

15. What kind of activity keeps the child’s attention for more than five minutes?

16. . Does the child have any of the following habits? Blinking or twitching? _____

Biting nails or other things? _____ Thumb sucking? _____ Other habits? _____

FAMILY STRUCTURE AND HISTORY

17. Who does the child live with? _____ Who is the primary caretaker? _____ Has this person been primary caretaker since birth? _____ If not, list other primary caretaker(s) and describe situation: _____

18. List siblings and ages: _____

19. How does child get along with brothers and sisters? _____

PEER RELATIONS

20. How does the child get along with other children? _____

21. Who are the child's close friends? _____
22. Do other children call him/her up or come over? _____
23. Does the child prefer older children, younger children, or children his/her own age? _____
24. Is the child one who would rather play alone or with some friends? _____
25. Does the child have to have his/her own way? _____ Does the child pick on others? _____ Do others pick on him/her? _____
26. Does the child tend to get into fights (not counting friendly fights)? _____
27. Is the child a member of a club or group? _____

EMOTIONAL STATUS

28. Is the child usually happy or sad? _____
29. How does the child show how he/she feels? _____
30. What does the child worry about a lot? _____
31. What makes child get upset, angry, or irritated easily? _____

32. How long does the child stay mad or upset? _____
33. Is the child afraid of certain things? _____ Describe? _____

34. Does the child cry or get upset when he/she has to go to school or somewhere else? _____
35. Does the child seem overly fussy about things or has to have things done his/her own way? _____

Educational Status

1. Does the child like school? _____
2. List any subjects the child is particularly interested in: _____

3. Does the child do class work? _____ Homework? _____
4. What are the child's grades? _____

5. Are you pleased with the child's grades? _____
6. Does the child have any problems completing classroom assignments?
_____ Getting along with teachers? _____ Other students? _____

INAPPROPRIATE BEHAVIORAL TRENDS

1. What rules do you have at home? _____
2. Does he/she follow them? _____
3. Does the child talk back? _____ Tell lies? _____
4. Has he/she ever broken anything on purpose? _____ Set fires? _____
5. Take things that don't belong to him/her? _____
6. Does the child smoke, use drugs, or drink as far as you know? _____
7. Has the child ever been in trouble with the police? _____
8. List court involvement _____
9. Has the child had any gang involvement? _____

PLACEMENT HISTORY

1. Has the child ever been placed outside the home? (foster care, Level II, III, IV, PRTF) if so, reason for, length of stay and reason for discharge: _____

TREATMENT HISTORY

1. Is the child currently being seen by a counselor, mental health worker, doctor, pastor, or social worker for his/her problems? _____
2. Please describe: _____

3. Please list any psychiatric hospitalization / psychiatric services; including length of stay and response to treatment. Please list medications used and currently prescribed:

Please submit discharge summary / psychiatric evaluations:

PARENTS (OR GUARDIAN’S) CONCERNS

1. What do you feel is your child’s main problem? _____

2. When does this problem occur? _____
3. How often does this problem occur? _____
4. What methods have you tried to deal with this problem? _____

5. Have these methods improved the problem, made it worse, or had no effect? _____

6. Does your child have other problems? _____ If so describe: _____

7. (If guardian), relationship with natural parents: _____

OTHER COMMENTS:

REQUIRED ADMISSIONS INFORMATION			
	HAVE	NEED	N/A
Person Centered Plan (PCP)*			
Person Centered Plan update authorization pages, signed / dated by Physician or Licensed Psychologist, Stakeholder, guardian in accordance with NC Service Manual.			
Psychological Evaluations (within 3 years)			
Birth Certificate			
Social Security Card			
Documentation of Court Orders			
Copy of Legal Custody (if applicable)			
Consents			
Medicaid Card (denote whether or not it is Carolina Access)			
Private Insurance Information (Copy front and back of card)			

