

SAYLA Therapeutic Resources

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In-Process Form

1. IDENTIFICATION INFORMATION

Student Name: _____ Date: _____

Date of Birth: _____ Age: _____ Race: _____

Home Address: _____

Father's Name: _____

Home Phone #: _____

Address: _____

Work Phone #: _____

Emergency #: _____

Mother's Name: _____

Home Phone#: _____

Address: _____

Work Phone #: _____

Emergency#: _____

Guardian Name: _____

Home Phone #: _____

Address: _____

Work Phone #: _____

Emergency #: _____

Referred by: _____

County: _____

Contact Person: _____ Address: _____

Work#: _____ Emergency #: _____

2. INSURANCE INFORMATION

Name of Insurance Company: _____

Address: _____

Name of Insured: _____ Policy #: _____

Group #: _____ Insurance Co. Phone #: _____

3. GENERAL INFORMATION:

A. Reason student is being placed in Facility: _____

B. Has he/she exhibited any of the following behaviors at home, school, or any other placement facilities such as group homes, shelters, foster homes, etc.?

Lies Frequently Curses Excessively Fighting Running away from home

Argues with parents Stealing Substance Abuse Gang Involvement

Disrespectful or disobedient to authority Starts Fires Cruelty to animals

Destruction of property Made attempts/threats to harm self

4. MEDICAL HISTORY

A. Is the resident taking any medication for any reason? YES NO

If yes, describe:

Type: _____ Reason: _____

Type: _____ Reason: _____

Type: _____ Reason: _____

How many times per day _____ times _____ (specific times)

_____ Times _____ (specific times)

Tablets Capsules Liquid

B. Is resident allergic to any medication? (NO) (YES)

If yes, what? _____ Reaction: _____

C. Is resident allergic to insect bites? (NO) (YES)

If yes, what insects? _____ Reaction: _____

Necessary Treatment: _____

D. Does resident have any known food allergies? (NO) (YES)

If yes, what foods? _____

Reaction: _____

Necessary Treatment: _____

E. Does the resident have a disability? (NO) (YES) If yes, what is the disability and how long has he had it? _____

Are there any physical limitations that would prevent the resident from performing any physical training or assigned tasks? (NO) (YES)

If yes, please explain: _____

Signature of resident

Date

Signature of Parent/Guardian

Date

Signature of Person Completing this Form

Date