PATHWAY, INC.
Enterprise, Alabama

BIOPSYCHOSOCIAL ASSESSMENT/APPLICATION FOR ADMISSION

Revised 3/11/2011

*** INACCURATE OR INCOMPLETE INFORMATION MAY RESULT IN CLIENT REJECTION AT ANY POINT DURING THE REFERRAL OR ADMISSION PROCESS. ***

I. IDENTIFYING INFORMATION

Client_____ DOB ____/____/____ SS#_____/_____/_____

Age ____ Grade _____ Race _____ Sex _____ Height _____ Weight_____

Referral Source: ☐ _____ County Department of Human Resources Case #_____

Social Worker Name _____ Contact#_____

Address: _____ *CITY* _____ *ST* *ZIP*

☐ _____ County Juvenile Court Services Case #_____

JPO Name _____ Contact #_____

Address: _____ *CITY* _____ *ST* *ZIP*

☐ OTHER (Agency or Name)_____ Contact #_____

Address: _____ *CITY* _____ *ST* *ZIP*

Mother's Name _____ Contact # (s)_____

Mother's Address _____ *CITY* _____ *ST* *ZIP*

Father's Name _____ Contact # (s)_____

Father's Address _____ *CITY* _____ *ST* *ZIP*

Who or what agency has legal custody of this child?_____

Who will visit with this child during treatment?_____

II. A. PRESENTING PROBLEMS

Placement in a Pathway program is being requested due to the following behaviors:
(Check ALL that apply <u>and</u> circle "R" for recently and "P" for in the past.)

☐	Disrespect/Disobedience to authority figures	R	P	☐	Fire starting	R	P
☐	Frequent arguments with parents	R	P	☐	Cruelty to animals	R	P
☐	Physical aggression with adults/parent(s)	R	P	☐	Suicidal or homicidal ideations/verbal threats	R	P
☐	Physical aggression with peers	R	P	☐	Suicide or homicidal gestures/attempts	R	P
☐	Property destruction/vandalism	R	P	☐	Self-mutilation/Self-injurious behavior	R	P
☐	Stealing/Burglary	R	P	☐	Vehicle theft/Unauthorized use	R	P
☐	Frequent dishonesty/lying	R	P	☐	AWOL from other placement(s)	R	P
☐	Excessive profanity	R	P	☐	Running away from home	R	P
☐	Truant from school	R	P	☐	Inappropriate sexual behavior	R	P
☐	Poor academic performance/School failure	R	P	☐	Gang involvement/friends in gangs	R	P
☐	Suspension from school	R	P	☐	Alcohol and/or other substance use	R	P
☐	Poor self-esteem	R	P	☐	Multiple behavior problems require a highly structured placement for this child		

B. SPECIAL TREATMENT NEEDS

1. Has client's behavior escalated to the point that restraint or seclusion was required to manage behavior?

☐ Yes ☐ No If yes, explain: _____

_____

2. Are there any techniques, methods or tools which could be utilized by staff to avoid such a type of behavior management intervention? **Check all that apply:**

☐ Positive self talk	☐ Getting involved in activities	☐ A change of scenery
☐ Being alone/taking space (self time out)	☐ Thinking of the consequences	☐ Physical exercises
☐ Deep-breathing exercises	☐ Thinking of something pleasant	☐ Going for a walk
☐ Talking to staff to solve problems	☐ Relaxation exercises	☐ Counting to 10, etc.
☐ Focusing on other things	☐ Other_____	

3. Does client have a current need for methods or tools to manage their aggressive behavior? ☐ Yes ☐ No

If yes, explain: _____

4. Does client have any pre-existing medical conditions, physical disabilities or abuse issues which would place the client at greater risk during the implementation of a restraint, hold or seclusion? □ Yes □ No If yes, explain:

_____

_____

III. PSYCHOLOGICAL/PSYCHIATRIC TREATMENT HISTORY

Please list previous placements and treatment programs, beginning with the most recent.

1. Facility/Program Name _____ From_____ To_____
   Reason for placement _____
2. Facility/Program Name _____ From_____ To_____
   Reason for placement_____
3. Facility/Program Name_____ From_____ To_____
   Reason for placement_____
4. Facility/Program Name_____ From_____ To_____
   Reason for placement_____
5. Facility/Program Name_____ From_____ To_____
   Reason for placement_____

IV. FAMILY HISTORY

A. Nuclear Family

1. The parents are the client's □ Birth Parents □ Adoptive Parents If adopted, when?_____
2. Parents: □ Are currently married □ Never married □ Are separated □ Are divorced
   If married, for how long? _____ If separated or divorced, for how long ? _____
   How many times has father been married? _____ How may times has mother been married? _____
   What type(s) of discipline are most frequently used by the parent(s)_____
   Who is the primary disciplinarian?_____
3. How many adults over 19 are living in this household? _____ How many children age 19 and under? _____
4. Which amount best describes the family's **total annual** income?

□ $9576 or below	□ Between $22621 and $25872
□ Between $9577 and $12840	□ Between $25873 and $29136

□ Between $12841 and $16092
□ Between $16093 and $19356
□ Between $19357 and $22620
□ Between $29137 and $32400
□ $32401 and above

5. **FATHER** □ **Living** ***or*** □ **Deceased**

Name_____ Age_____ Is he employed? □ Yes □ No

If yes, where, and what does he do? _____

Annual income: □ Living

Does (did) he have, or has he ever had serious (Describe):

psychiatric problems? _____

physical health problems? _____ drug/alcohol problems? _____

abuse problems? (physical, emotional, sexual)_____

Has (was) he ever been arrested or spent time in jail? □ Yes □ No If yes, for what reason(s)?_____

_____

Has (was) this or any other child ever been removed from his custody? □ Yes □ No

If yes, describe the reason(s) _____

Describe the father-child relationship_____

If deceased: Cause of death_____

6. **MOTHER** □ **Living** ***or*** □ **Deceased**

Name_____ Age_____ Is she employed? □ Yes □ No

If yes, where, and what does she do? _____

Does (did) she have, or has she ever had serious (Describe):

psychiatric problems? _____

physical health problems? _____ drug/alcohol problems? _____

abuse problems? (physical, emotional, sexual)_____

Has (was) she ever been arrested or spent time in jail? □ Yes □ No If yes, for what reason(s)?_____

_____

Has (was) this or any other child ever been removed from her custody? □ Yes □ No

If yes, describe the reason(s)_____

Describe the mother-child relationship_____

If deceased: Cause of death_____

7. **STEP-MOTHER** ☐ **Has or** ☐ **Has NOT adopted this child**

Name_____ Age_____ Length of marriage to father _____
Is she employed? □ Yes □ No If yes, where and what does she do? _____

_____

Does she have, or has she ever had serious (Describe):

psychiatric problems? _____

physical health problems? _____ drug/alcohol problems? _____

abuse problems? (physical, emotional, sexual)_____

Has she ever been arrested or spent time in jail? □ Yes □ No If yes, for what reason(s)?_____

_____

Describe her relationship with her step-child _____

8. **STEP-FATHER ☐ Has or ☐ Has NOT adopted this child**

Name_____ Age_____ Length of marriage to mother _____
Is he employed? □ Yes □ No If yes, where and what does he do? _____

_____

Does he have, or has he ever had serious (Describe):

psychiatric problems ? _____

physical health problems? _____ drug/alcohol problems? _____

abuse problems? (physical, emotional, sexual)_____

Has he ever been arrested or spent time in jail? □ Yes □ No If yes, for what reason(s)?_____

_____

Describe the relationship with his step-child _____

9. **SIBLINGS**

Have any siblings been removed from the home? □ Yes □ No If yes, describe the circumstances: _____

_____

Have any siblings been involved with the juvenile court system or had difficulties with the legal system? □ Yes □ No

If yes, describe the problem(s):_____

_____

Please list all siblings (full, half, step):

	Age	Sex	Lives With	Describe the nature of the relationship
a.	_____	____	_____	_____
b.	_____	____	_____	_____
c.	_____	____	_____	_____
d.	_____	____	_____	_____
e.	_____	____	_____	_____

B. **Extended Family**

	Paternal Grandmother	Paternal Grandfather	Maternal Grandmother	Maternal Grandfather
Psychiatric problems	☐	☐	☐	☐
Physical health problems	☐	☐	☐	☐
Drug/alcohol problems	☐	☐	☐	☐

Abuse problems (physical, emotional, sexual)	☐	☐	☐	☐
Deceased	☐	☐	☐	☐

If checked above, please explain: _____

_____

_____

Please describe the client's relationship with paternal grandparents: _____

_____

Please describe the client's relationship with maternal grandparents: _____

_____

C. **Family Involvement/Expectations for Treatment**

1. How will the client's family be involved during treatment?
   - □ Parental rights have been terminated - no family will be involved
   - □ DHR visiting resource only
   - □ Monthly visitation, telephone contact, and discharge planning
   - □ Monthly visitation, additional on site family therapy, telephone contact, and discharge planning
   - □ Other_____
2. Are there any family members or significant others who are **not** supportive of the client's treatment? □ Yes □ No
   If yes, explain_____
3. What does the family consider to be the client's greatest needs?_____
   _____
4. What is the legal guardian's/family's expectation of the client's treatment?_____
   _____
5. What are the client's strengths (things they do well or like about themselves)?_____
   _____
6. What are the areas in which improvement is needed?_____
   _____
7. In what area(s) does the family need to make improvements?_____
   _____

V. RELEVANT MEDICAL BACKGROUND

A. GROWTH AND DEVELOPMENT

1. Was the client born after a full term pregnancy? □ Yes □ No If no, describe the circumstances:_____
   _____
2. Were there any complications/difficulties during the birthing process? □ Yes □ No If yes, please describe the

circumstances:_____

3. Did the client:

sit	□ at the appropriate age	□ early	□ late
crawl	□ at the appropriate age	□ early	□ late
walk	□ at the appropriate age	□ early	□ late
talk	□ at the appropriate age	□ early	□ late

4. Has the client ever been a victim of physical and/or emotional abuse? ☐ Yes ☐ No

If yes, describe the event(s):_____

5. At approximately what age did behavioral problems begin? ____ Describe those behaviors:_____

6. Describe how the behavioral problems changed with age and how this has affected the family_____

B. MEDICAL ASSESSMENT

1. Does the client have medical insurance? □ Yes □ No

□ Medicaid List the Medicaid Number _____

□ Blue Cross Blue Shield of Alabama Group Number _____ Contract Number _____

□ Other List the insurer _____ Policy Number _____

2. Does the client have allergies to any medicines? □ Yes □ No If yes, list all known mediation allergies and describe the client's reaction:_____

3. Does the client have any food allergies? □ Yes □ No If yes, list all known food allergies and describe the client's reaction:_____

4. Does the client have any environmental allergies (grass, pollen, etc.) for which daily medication is required? □ Yes □ No If yes, list all known environmental allergies and describe the client's reaction:_____

5. Has the client ever had a severe allergic reaction to insect or spider bites? □ Yes □ No If yes, What type of bite and describe the reaction:_____

6. Are there any current or past serious health problems? □ Yes □ No If yes, describe:_____

7. Has the client ever been hospitalized? □ Yes □ No If yes, When, what for, and for how long?_____

8. Has the client ever had a head injury or been unconscious? □ Yes □ No If yes, describe the situation, including date(s):

9. Has the client ever had a seizure? □ Yes □ No If yes, describe the event(s), including date(s):_____

10. Does the client have frequent headaches (at least three times a week)? □ Yes □ No If yes, describe when they most often occur and what treatment is given:_____

11. Are there any problems with wetting the bed or soiling underwear? □ Yes □ No If yes, describe the

problem, including how often it occurs:_____.

Has the client been evaluated by a physician or received treatment for this? □ Yes □ No If yes, who did the evaluation and when?_____What treatment was necessary?_____

_____

12. Does the client have any physical disabilities? □ Yes □ No If yes, describe them and how they may limit normal childhood activities:_____
13. Is the client **currently** complaining of any pain? □ Yes □ No Any pain in the recent past? □ Yes □ No
    If yes to either question, describe the location, type, frequency, intensity and duration of the pain:_____

_____

ALTERNATE PAIN ASSESSMENT:

Figure. The Wong-Baker FACES pain rating scale helps children communicate pain and their caregivers to assess and document it with corresponding numbers. The cartoon type scale also avoids gender, age, and racial bias. **Source**: Wong DL: Whaley and Wong's Nursing Care of Infants and Children, 5th ed. St. Louis MO: Mosby, 1999.

14. Does the client have any other significant health problems? □ Yes □ No If yes, describe:_____

_____

15. When was the last dental cleaning and check-up? (Month and Year)_____
    Were all identified dental problems corrected? □ Yes □ No If no, what remains to be done?_____

_____

    Does the client have or ever had braces? □ Yes □ No If yes, how often are the orthodontist visits?_____
16. Are client's immunizations current? □ Yes □ No If no, what immunizations are needed?_____
17. Has client ever received the influenza vaccine? □ Yes □ No If yes, when?_____
18. List the client's **current** medications. Include name of medication, dosage amount, and when each is taken_____

_____

_____

19. Does the client have any specific communication or language needs? □ Yes □ No If yes, describe:_____

_____

20. What is the primary language of the client? _____ What is the primary language of the immediate family? _____

C. NUTRITIONAL ASSESSMENT

1. Has the client lost or gained weight (10 or more pounds) in the last 6 months? □ Yes □ No □ Lost □ Gained
2. Are any of the following problems presently a concern? (check all that apply):
    a. □ sore mouth or throat
    h. □ nausea or vomiting

b.	□	tooth loss	i.	□	ulcers or hernia
c.	□	dry mouth	j.	□	diabetes
d.	□	loss of taste	k.	□	kidney disease
e.	□	constant "full" feeling	l.	□	liver disease
f.	□	chewing or swallowing problems	m.	□	other stomach problems (describe)_____

3. Is the client's appetite poor? □ Yes □ No Are meals skipped? □ Yes □ No
4. Has a doctor ever ordered a special diet? □ Yes □ No If yes, describe:_____
5. Are 3 or more medications taken per day? □ Yes □ No
6. Do any specific foods cause difficulty for the client? □ Yes □ No If yes, describe:_____

VI. EDUCATIONAL ASSESSMENT

1. What is the highest grade level that the client has completed? _____ What grade(s) have been failed?_____
2. Have Special Education Services ever been received? □ Yes □ No During what grade(s)?_____
3. For what reason? □ Learning Disability □ Behavior Disturbance □ Mental Retardation
4. At what school were special education services last received? □ N/A _____
5. Client's school grades are usually: □ Below Average □ Average □ Above Average
6. Has the client been suspended or expelled from school (including in-school suspension, Saturday school, and/or alternative school) during the past year? □Yes □No If yes, when and for what behaviors?
7. Approximately how many days has the client been absent from school during this school year?_____
8. Has the client ever taken a weapon to school? □ Yes □ No If yes, what type of weapon?_____
9. Has the client ever taken drugs to school? □ Yes □ No If yes: □ To use □ To sell □ Both
   If yes, what drugs?_____
10. List sports, clubs, and other school activities that the client has participated in during the past year._____
11. What are the client's plans for the future?_____
12. Please list the last three schools attended:

	SCHOOL NAME	CITY/ STATE
1.		
2.		
3.		

VII. LEGAL ASSESSMENT

1. Does the client have any legal charges pending? (Waiting to go to court?) □ Yes □ No If yes, explain:_____

2. How many times has the client gone to court? _____ What were the charges and describe the behaviors that led to those changes: _____

3. Are there any court orders restricting contact with anyone? □ Yes □ No If yes, explain: _____

4. Has the client ever been the victim of a crime? □ Yes □ No If yes, describe: _____

VIII. EMPLOYMENT/VOCATIONAL ASSESSMENT

1. Has the client ever been paid for working full or part time? □ Yes □ No If yes, describe the employment history: _____

2. Does the client have any education or experience in:
   □ general building construction □ carpentry
   □ masonry □ small engines
   □ plumbing or electricity □ lawn maintenance/landscaping
   □ commercial kitchen equipment

3. Is there any disability that might prevent participation in vocational skill development? □ Yes □ No
   If yes, describe: _____

4. Does the client have a: □ Driver license □ Learner permit □ Neither

IX. MILITARY SERVICE HISTORY

Military history? □ Yes □ No If yes, describe: _____

X. SOCIAL DEVELOPMENT ASSESSMENT

1. Does the client have: □ No friends □ Many friends □ A few friends
2. Are most friends known to juvenile court authorities? □ Yes □ No
3. Describe how the parents/guardians feel about the client's friends _____
4. Does the client belong to a gang? □ Yes □ No □ Possibly What activities were participated in with gang friends? _____
5. Has the client ever been hurt or hurt anyone else during these activities? □ Yes □ No If yes, describe _____
6. Given the choice, the client would spend time: □ Alone □ With adults □ With same age friends
   □ With older friends □ With younger friends

XI. LEISURE/RECREATIONAL ASSESSMENT

1. What types of recreational activities does the client participate in for fun? _____

2. Willingness to participate with family in recreational activities: □ Is about the same as it always has been
   □ Has decreased since_____
3. Are there any special interests? (Scouts, trading cards, fishing, etc.) □ Yes □ No
   If yes, what?_____
4. Can the client swim? □ Yes □ No

XII. ALCOHOL/DRUG USE ASSESSMENT

List **all** substances that the client may have experimented with or used. Use the back of this sheet if necessary.

Substance	Age at first use	How Often	Amount	Last Used

1. Does the client smoke? □ Yes □ No If yes, how much?_____
2. Has any treatment for substance abuse issues been attempted/completed? □ Yes □ No If yes, when, where, and for how long? _____
3. Have there been any health problems related to drinking/drug use? □ Yes □ No If yes, describe:_____
   _____
4. Have there been any legal problems related to drinking/drug use? □ Yes □ No If yes, describe:_____
   _____
5. Has the client ever missed or been late for school or work because of drinking/drug use? □ Yes □ No
6. Has substance abuse caused problems with relationships? □ Yes □ No If yes, explain:_____
   _____
7. If substance abuse has been a problem in the past, has the client attended support group meetings in the local community? □ N/A □ Yes □ No

XIII. SEXUAL BEHAVIOR ASSESSMENT

1. Has the client exhibited any sexually inappropriate behaviors? □ Yes □ No If yes, explain:_____
   _____
2. Has the client ever been a victim or perpetrator of sexually inappropriate behavior? □ Yes □ No If yes, explain:
   _____
3. Is the client sexually active? □ Yes □ No □ Unknown If yes, at what age did this first occur?_____
4. Does the client have any children? □ Yes □ No □ Unknown If yes, what age(s) and with whom do they live?
   _____
5. Does the client use any form of birth control? □ Yes □ No □ Unknown If yes, what?_____
6. Has there ever been testing or treatment for a sexually transmitted disease? □ Yes □ No If yes, explain: _____
   _____
7. Has the client ever stated or demonstrated that sexual orientation is anything **other than** heterosexual? □ Yes □ No
   If yes, explain:_____

XIV. CULTURAL AND SPIRITUAL ASSESSMENT

1. Ethnic Identification: □Anglo-American □African-American □Hispanic □Asian □American Indian □Other
2. Are there any specific cultural factors or practices that cause concern for the client or family? □ Yes □ No
   If yes, describe:_____
3. Has the client ever been involved with a cult of any kind? □ Yes □ No If yes, describe:_____
   _____
4. What, if any, is the client's religious preference?_____
5. Has the client attended religious services on a regular basis? □ Yes □ No
6. Has the client participated in any activities with a church? (youth group, choir, Bible study, etc.) □ Yes □ No
   If yes, describe those that seemed to be enjoyed:_____
7. Would the client likely choose to attend religious services and/or Bible Study Group while at Pathway? □ Yes □ No

XV. DISCHARGE PLANNING

A. Where will the client be placed upon discharge from Pathway? □ Parents □ Foster Parents □ Group Home
□ Day Treatment □ Other_____

B. Plans include to: (check all that apply): □ Return to school □ Seek employment □ Comply with terms of probation
□ Other_____

C. Which, if any, of the following agencies have been involved with the family?
(Check ALL that apply <u>and</u> circle "R" for recently and "P" for in the past.)

Department of Human Resources	R	P
Juvenile Court System	R	P
Community Mental Health	R	P
None of the above		

1. Explain the reason(s) for agency involvement (if not stated previously in this history.)_____
   _____
   _____

D. Is there a YMCA or similar youth center in or near the client's community? □ Yes □ No

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Assessment form completed by:_____ Date:_____

Relationship to client:_____

Intake Assessment completed by:_____ Date:_____

Informants: □ Client □ Parent □ Social Worker □ JPO □ Other_____
