

OAKLAND COUNTY

INTAKE INFORMATION CHECKLIST

This form should be filled out by parent or guardian if available. This information is for your child's benefit and is required for any youth entering the village. If a parent or guardian is not available the staff member completing the intake process for the juvenile will complete this form based on their observation and the information made available to them during time of admission.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Check YES OR NO (to be filled out by a parent or a guardian)

- YES NO Gang Affiliation:
History of drug and/or alcohol abuse, if so date of last occurrence:
History of suicide gesture, if so date of last occurrence:
Death of parent, sibling, grandparent, or close person within the last year
Parental divorce within the last 12 months
Restless, has problems sitting still
Easily distracted
Excessive use of profanity
Highly anxious, fearful
Irritable, hot tempered, easily angered
History of medical complaints.
Hearing deficiency
Serious emotional problems
Special diet: Purpose:
Previous detentions Where:

Community Agency Involvement: Date:
Easter Seals Oakland Family Services
Community Mental Health (CMH) Other:

Please comment on any Yes response (use back of form if needed): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

INTAKE WORKERS OBSERVATIONAL ASSESSMENT

- YES NO Are there visible signs of trauma, sweating, fever, illness?
Are there visible signs of alcohol, drugs, or drug withdrawal? (extreme perspiration, pinpoint pupils, shakes, nausea, cramping, vomiting?)
Are there visible signs of aggression directed toward self or others?
Despondent
Irrational
Mentally Challenged
Frail or Effeminate
Sleepy
Slurred Speech

Special Disposition:
(1) General Population (2) Close-Obs (3) Drug/Alcohol Obs (4) Emergency Care
(5) Suicide Precaution (6) Nurse/Sick Call (7) Hospital (8) Communicable Disease

Admitted To: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Remarks: \_\_\_\_\_