Vision Adolescent Services

1187 N. Willow Avenue, Suite 103, Clovis, CA 93611
Phone (888) 932-2735 * Fax (559) 322-5792
E-mail: VISION9540@aol.com

Student Information

Case Date
Case #

First Name | Last Name

Ed Consultant | Phone | Facility

Referral Source | Facility Phone | Facility Contact

Parent Information

○ Married ○ Divorced ○ Separated

Parent 1

Salutation First Name Last Name

Spouse

Address

City State Zip Code

Home Phone

Work Phone

Fax

Email

Parent 2

Salutation First Name Last Name

Spouse

Address

City State Zip Code

Home Phone

Work Phone

Fax

Email

Vision Adolescent Services

Student Information

Case#

First Name _____ Last Name _____

DOB _____ Age _____

Clothing _____

Attitude _____

Hair _____ Eye Color _____

Height _____ Weight _____

○ Male ○ Female

Music _____

Distinguishing Marks _____

Knowledge of current plans _____

Psychiatric History/Treatment

History of Violent Behavior ○ Yes ○ No Comments _____

Access to Weapons ○ Yes ○ No Comments _____

Arrest Record ○ Yes ○ No Comments _____

Smokes ○ Yes ○ No Comments _____

Substance Abuse History ○ Yes ○ No Comments _____

Recent Losses _____

Friends _____

Boy or Girlfriends Friends _____

Sexually Active ○ Yes ○ No ○ Unknown

Siblings _____

Goals for the Future _____

Likes _____ Dislikes _____

Medical History _____

_____

Changes in sleeping patterns ○ Yes ○ No Comments _____

Behaviors

- ☐ Paranoia
- ☐ Suicidal/Homicidal Thoughts
- ☐ Obsessions/ruminations
- ☐ Low Self-Esteem
- ☐ Depression
- ☐ Inappropriate Anger/Rages
- ☐ Disorganized/Erratic Behavior
- ☐ Self-Destruction Thoughts
- ☐ Self-Destruction Aggression
- ☐ Poor Impulse Control
- ☐ Withdrawal/Isolation
- ☐ Agitation
- ☐ Weight/Appetite Change
- ☐ School Impairment
- ☐ Amotivational
- ☐ Fatigue/Lack of Energy

Attitude towards authority figures _____

Previously escorted ○ Yes ○ No If yes, when and by whom? _____

Any mention of being escorted? ○ Yes ○ No

Any prejudices? ○ Yes ○ No Comments _____

Instructions/Objectives _____

Vision Adolescent Services

School/Program Contact Information

School

Contact Information

Contact Name

Address **Additional Address Info**

City **State** **Zip**

Phone **Fax** **Email**

Alt Phone1 **Alt Phone2** **Website**

Notes