



1301 Woodbourne Avenue ♦ Baltimore, MD 21239 ♦ Phone: 410-433-1000 ♦ Fax: 410-435-2938

NEXUS-WOODBOURNE REFERRAL FORM

Youth's Name: _____ **Date of Referral:** _____

Date of Birth: _____ **Age:** _____ **Referral Source:** _____

Male **Female**

Referral Agent Primary Contact: _____

Address: _____

Home: _____ *Fax:* _____ *Email:* _____

How did you learn about Nexus?: _____

Parent Guardian: _____ **Relationship to Youth:** _____

Address: _____

Phone: _____ *Fax:* _____ *Email:* _____

Youth's Current Placement: _____ **Length of Stay in Current Placement:** _____

List Previous Placement History:

Placing/Funding Agency: _____

Insurance: _____

ID #: _____

Contact Person: _____

Youth's Primary Reasons for Needing Placement:

What behavior(s) has youth engaged in:

Youth's Medical/Psychiatric History:

Psychiatric Hospitalization History (please include hospital & dates of hospitalization):



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Psychiatric Diagnosis: _____

Current Medications: _____

List of Psychotropic Medication History: _____

Medical Diagnosis: _____

Allergies: If applicable, please explain: _____

Physical Disabilities: If applicable, please explain: _____

Other Pertinent Medical Issues: _____

Youth's Educational History:

Current Grade: _____

Diploma Obtained

GED Obtained

Last Known IQ: _____

Special Education Classification:

_____ Learning Disability

_____ Emotional/Behavioral Disability

_____ Other

Does Youth Have Current IEP? _____

School District of Residence: _____

School Contact Person/Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Last School Youth Attended: _____



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Thank you for completing this admissions form.
An admissions coordinator will contact you shortly. In the meantime,
please compile the following documentation:

- Psychiatric evaluation(s)
- Psychosocial assessment(s)
- Recent physical/medical examination
- Birth Certificate
- Social Security Card
- Medical Assistance card/MCO card/other insurance information
- Court order or Voluntary Placement Agreement showing agency commitment and/or guardianship status (if applicable)
- Immunization record
- Psychological evaluation showing IQ testing, scores, and levels of cognitive functioning
- Most recent Individualized Education Plan (IEP) with appropriate signatures (if special education student)
- Most recent transcripts and report card
- Discharge summaries, progress reports, treatment plans, or other assessments from previous or current providers