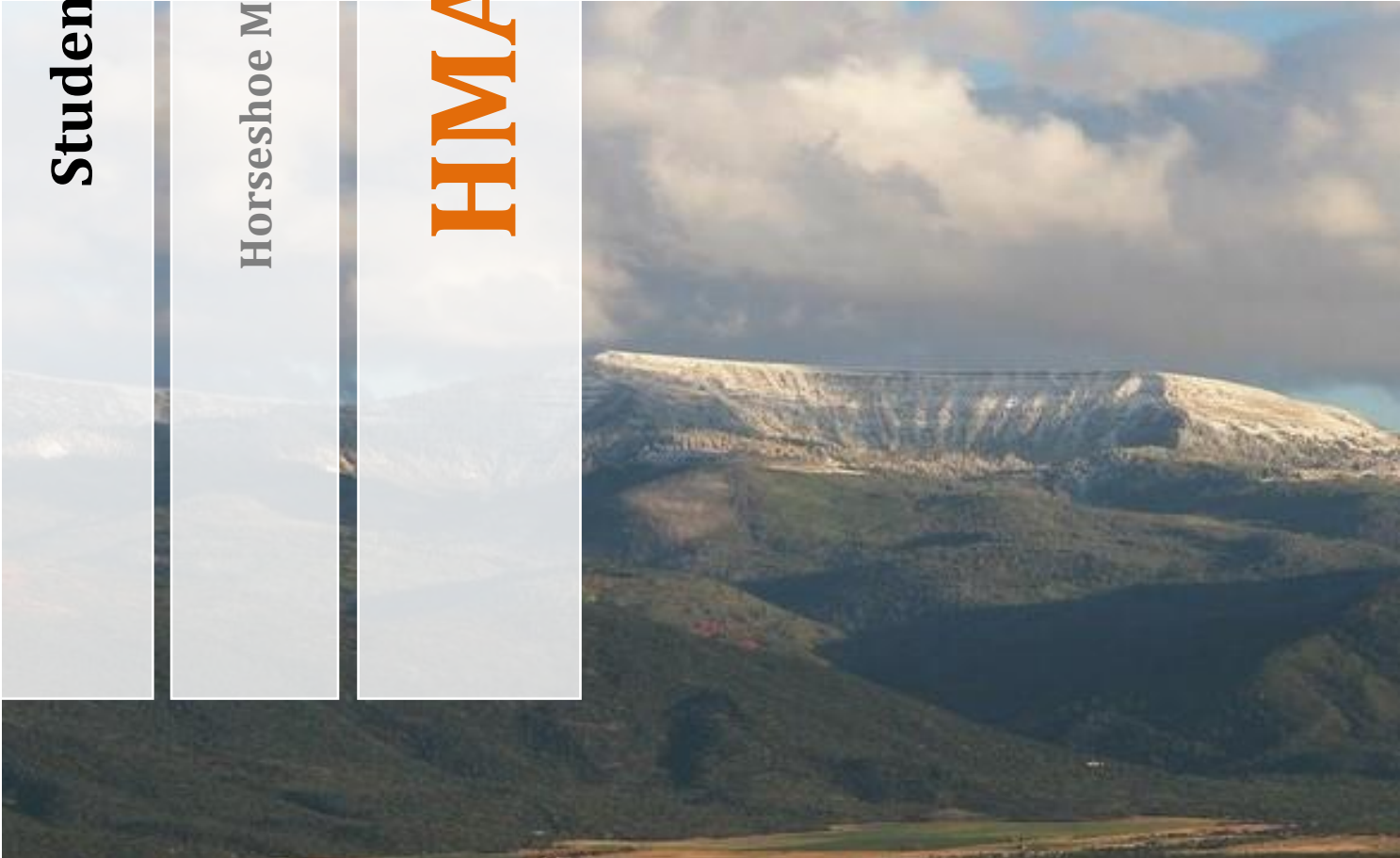


Student Application

Horseshoe Mountain Academy

HMA 2017



The information contained in the application will be used to determine admission into Horseshoe Mountain Academy. All student and family information will be treated as confidential and protected as Healthcare Information under the Privacy Act, 5 USC 552(a) and/or the Health Insurance Portability and Accountability Act (HIPAA). Any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of any information contained herein is strictly prohibited.

Horseshoe Mountain Academy
90 North 161 West
Ephraim , UT. 84627
Phone: 435.283.9934
Fax: 435.283.9935

STUDENT INFORMATION

Name: [Click or tap here to enter text.](#) Age: [Click or tap here to enter text.](#) DOB: [Click or tap here to enter text.](#) Place of Birth: [Click or tap here to enter text.](#) Citizenship: [Click or tap here to enter text.](#) Height: [Click or tap here to enter text.](#) Weight: [Click or tap here to enter text.](#) Hair Color: [Click or tap here to enter text.](#) Eye Color: Choose an item. Student's Social Security #: [Click or tap here to enter text.](#) Sex: Choose an item.

Student resides with: [Click or tap here to enter text.](#) Student's residence address: [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#)

PARENT INFORMATION

Father's Name: [Click or tap here to enter text.](#) Home Phone: [Click or tap here to enter text.](#) Cell Phone: [Click or tap here to enter text.](#) Home Address: [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#) Email: [Click or tap here to enter text.](#) Preferred method of contact: [Click or tap here to enter text.](#)

Mother's Name: [Click or tap here to enter text.](#) Home Phone: [Click or tap here to enter text.](#) Cell Phone: [Click or tap here to enter text.](#) Home Address: [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#) Email: [Click or tap here to enter text.](#) Preferred method of contact: Choose an item.

Marital status: Choose an item. Does your daughter have children? Yes No
Is your daughter pregnant, or is it possible for pregnancy? Yes No

FAMILY INFORMATION

Biological Father's Name: [Click or tap here to enter text.](#) DOB: [Click or tap here to enter text.](#) Address: [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#) Home Phone [Click or tap here to enter text.](#) Occupation: [Click or tap here to enter text.](#) Cell Phone [Click or tap here to enter text.](#) Social Security Number: [Click or tap here to enter text.](#)

Will this person be involved with Horseshoe Mountain Academy: Yes No

Biological Mother's Name: [Click or tap here to enter text.](#) DOB: [Click or tap here to enter text.](#) Address: [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#) Home Phone [Click or tap here to enter text.](#) Occupation: [Click or tap here to enter text.](#) Cell Phone [Click or tap here to enter text.](#) Social Security Number: [Click or tap here to enter text.](#)

Will this person be involved with Horseshoe Mountain Academy: Yes No

Stepfather's Name: [Click or tap here to enter text.](#) DOB: [Click or tap here to enter text.](#) Address: [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#) Home Phone [Click or tap here to enter text.](#) Occupation: [Click or tap here to enter text.](#) Cell Phone [Click or tap here to enter text.](#) Social Security Number: [Click or tap here to enter text.](#)

Will this person be involved with Horseshoe Mountain Academy: Yes No

Stepmother's Name: [Click or tap here to enter text.](#) DOB: [Click or tap here to enter text.](#) Address: [Click or tap here to enter text.](#) City: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#) Home Phone [Click or tap here to enter text.](#) Occupation: [Click or tap here to enter text.](#) Cell Phone [Click or tap here to enter text.](#) Social Security Number: [Click or tap here to enter text.](#)

Will this person be involved with Horseshoe Mountain Academy: Yes No

Adoptive Father's Name: [Click or tap here to enter text.](#) **DOB:** [Click or tap here to enter text.](#)
Address: [Click or tap here to enter text.](#) **City:** [Click or tap here to enter text.](#) **State:** Choose an item. **Zip:**
[Click or tap here to enter text.](#) **Home Phone** [Click or tap here to enter text.](#) **Occupation:** [Click or tap here](#)
[to enter text.](#) **Cell Phone** [Click or tap here to enter text.](#) **Social Security Number:** [Click or tap here to enter](#)
[text.](#)

Will this person be involved with Horseshoe Mountain Academy: Yes No

Adoptive Mother's Name: [Click or tap here to enter text.](#) **DOB:** [Click or tap here to enter text.](#)
Address: [Click or tap here to enter text.](#) **City:** [Click or tap here to enter text.](#) **State:** Choose an item. **Zip:**
[Click or tap here to enter text.](#) **Home Phone** [Click or tap here to enter text.](#) **Occupation:** [Click or tap here](#)
[to enter text.](#) **Cell Phone** [Click or tap here to enter text.](#) **Social Security Number:** [Click or tap here to enter](#)
[text.](#)

Will this person be involved with Horseshoe Mountain Academy: Yes No

Please explain the student's home living arrangements: [Be specific as to her living arrangements,](#)
[physical conditions, emotional condition, any tension in the home etc...](#)

List all siblings

Name	Age	Relationship	Where are they living
Click or tap here to enter text.	Choose an item.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Choose an item.	Click or tap here to enter text.
Click or tap here to enter text.	Choose an item.	Choose an item.	Click or tap here to enter text.

Is there any significant history of medical, emotional, or drug problems with any family members, including extended family? [Click or tap here to enter text.](#)

Describe the overall personality of your daughter in the following three phases:

Birth to six years of age: [Click or tap here to enter text.](#)

Seven to Twelve years of age: [Click or tap here to enter text.](#)

Thirteen years of age to present: [Click or tap here to enter text.](#)

Describe the history of the marriage or marriage relationship(s): [Click or tap here to enter text.](#)

If this had been a divorce or separation, describe the history of divorce/separations and your daughter's reaction to them. How old was she at the time of divorce or separation? [Click or tap here to enter text.](#)

Do you have legal custody of your daughter? Yes No

***If any custody issues please attach court documents showing legal custody of your daughter.**

Describe the history of the relationship of your daughter with she biological father: [Click or tap here to enter text.](#) Does this relationship need to be repaired Yes No

If yes, please explain what needs to be addressed: [Click or tap here to enter text.](#)

Describe the history of the relationship of your daughter with her biological mother: [Click or tap here to enter text.](#) Does this relationship need to be repaired Yes No

If yes, please explain what needs to be addressed: [Click or tap here to enter text.](#)

Describe the history of the relationship of your daughter with her step-father: [Click or tap here to enter text.](#) Does this relationship need to be repaired Yes No

If yes, please explain what needs to be addressed: [Click or tap here to enter text.](#)

Describe the history of the relationship of your daughter with her step-mother: [Click or tap here to enter text.](#) Does this relationship need to be repaired Yes No

If yes, please explain what needs to be addressed: [Click or tap here to enter text.](#)

Describe the history of the relationship of your daughter with her adoptive father: [Click or tap here to enter text.](#) Does this relationship need to be repaired Yes No

If yes, please explain what needs to be addressed: [Click or tap here to enter text.](#)

Describe the history of the relationship of your daughter with her adoptive mother: [Click or tap here to enter text.](#) Does this relationship need to be repaired Yes No

If yes, please explain what needs to be addressed [Click or tap here to enter text.:](#)

Describe the history of the relationship of your daughter with her siblings: [Click or tap here to enter text.](#) Does this relationship need to be repaired Yes No

If yes, please explain what needs to be addressed: [Click or tap here to enter text.](#)

Who has legal custody/guardianship of the student: [Click or tap here to enter text.](#)

*** If parents are divorced, a certified copy of legal custody documentation is required. Please include a copy for admission*.**

REFERRAL SOURCE:

Name: [Click or tap here to enter text.](#) Phone: [Click or tap here to enter text.](#) Address: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#)

Reason for Referral (Please be **very specific** including issues at home and work as well as any symptoms such as mood changes etc): [Click or tap here to enter text.](#)

What specific events precipitated the decision to seek treatment (ie violence, run away behavior etc): [Click or tap here to enter text.](#)

What are the specific goals for regarding treatment?

[Click or tap here to enter text.](#)

What are your daughters strengths (intellectually, artistically, socially, physically etc...)

[Click or tap here to enter text.](#)

What are your daughters weaknesses (intellectually, artistically, socially, physically etc...)[Click or tap here to enter text.](#)

Describe the applicant's experience with the outdoors and other physical activities:

[Click or tap here to enter text.](#)

Any plans for future placement: [Click or tap here to enter text.](#)

In Case of Emergency, Notify the Following:

Name: [Click or tap here to enter text.](#) Relationship: [Click or tap here to enter text.](#) Address: [Click or tap here to enter text.](#) State: Choose an item. Zip: [Click or tap here to enter text.](#) Home Phone: [Click or tap here to enter text.](#) Work Phone: [Click or tap here to enter text.](#) Mobile: [Click or tap here to enter text.](#)

INSURANCE INFORMATION

Primary Insurance

Medical Insurance Provider: _____ Phone#: _____

Address: _____

Group#: _____ Policy#: _____

Name of Insured: _____

Secondary Insurance

Medical Insurance Provider: _____ Phone#: _____

Address: _____

Group#: _____ Policy#: _____

Name of Insured: _____

**** Please include a copy of your medical insurance card (front and back) or bring it at time of admission****

Monthly statements should be emailed to: _____

Other Responsible for Fees: _____ Amount to bill other person: _____

Address of other payor _____

Approximately when would you like to place your daughter at Horseshoe Mountain Academy: _____

FAMILY INFORMATION

Biological Father's Name: _____ *DOB:* _____

Address: _____ *Home Phone* _____

Occupation: _____ *Cell Phone* _____

Soc. Sec. No. _____

Will this person be involved with Horseshoe Mountain Academy: Yes _____ No _____

Biological Mother's Name: _____ *DOB:* _____
Address: _____ *Home Phone:* _____
Occupation: _____ *Work Phone:* _____
Soc. Sec. No. _____
 Will this person be involved with Horseshoe Mountain Academy: Yes _____ No _____

Stepfather's Name: _____ *DOB:* _____
Address: _____ *Home Phone:* _____
Occupation: _____ *Cell Phone:* _____
Soc. Sec. No. _____
 Will this person be involved with Horseshoe Mountain Academy: Yes _____ No _____

Stepmother's Name: _____ *DOB:* _____
Address: _____ *Home Phone:* _____
Occupation: _____ *Cell Phone:* _____
Soc. Sec. No. _____
 Will this person be involved with Horseshoe Mountain Academy: Yes _____ No _____

Adoptive Father's Name: _____ *DOB:* _____
Address: _____ *Home Phone:* _____
Occupation: _____ *Work Phone:* _____
Soc. Sec. No. _____
 Will this person be involved with Horseshoe Mountain Academy: Yes _____ No _____

Adoptive Mother's Name: _____ *DOB:* _____
Address: _____ *Home Phone:* _____
Occupation: _____ *Work Phone:* _____
Soc. Sec. No. _____
 Will this person be involved with Horseshoe Mountain Academy: Yes _____ No _____

Please explain the student's home living arrangements:

List all siblings

Name	Age	Relationship	Where are they living
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any significant history of medical, emotional, or drug problems with any family members, including extended family? _____

Describe the overall personality of your daughter in the following three phases:

Birth to six years of age: _____

Seven to Twelve years of age: _____

Thirteen years of age to present: _____

Describe the history of the marriage or marriage relationship(s): _____

If this had been a divorce or separation, describe the history of divorce/separations and your daughter's reaction to them. How old was she at the time of divorce or separation?

Do you have legal custody of your daughter? YES NO

**If any custody issues please attach court documents showing legal custody of your daughter.*

Describe the history of the relationship of your daughter with she biological father:

Describe the history of the relationship of your daughter with she biological mother:

Describe the history of the relationship of your daughter with she step-father:

Describe the history of the relationship of your daughter with she step-mother:

Describe the history of the relationship of your daughter with she adoptive father:

Describe the history of the relationship of your daughter with she adoptive mother:

Describe the history of the relationship of your daughter with she siblings:

TREATMENT HISTORY

Has your daughter ever received counselling, psychological or psychiatric services?

Yes_____ No_____

List counselling, outpatient therapy/ family therapy, acute inpatient hospitalizations etc.

Name of Provider _____ Date to/from _____ Problem or
Diagnosis: _____ Success: Yes No
If not successful, Why _____

Address: _____ Phone: _____

Name of Provider _____ Date to/from _____ Problem or
Diagnosis: _____ Success: Yes No
If not successful, Why _____

Address: _____ Phone: _____

Name of Provider _____ Date to/from _____ Problem or
Diagnosis: _____ Success: Yes No
If not successful, Why _____

Address: _____ Phone: _____

Name of Provider _____ Date to/from _____ Problem or
Diagnosis: _____ Success: Yes No
If not successful, Why _____

Address: _____ Phone: _____

Describe history of any specific disorders your daughter has/had (i.e. depression, eating disorders, etc.): _____

Who are you planning on having as her out-patient therapist after she is discharged from Horseshoe Mountain Academy? _____

BEHAVIORAL HISTORY

Describe all run away history as to style, length or time, where, contact, home, friends etc: _____

Describe substance history (alcohol, street drugs, frequency or use and duration):

Describe any violence, bizarre activity, gang affiliation, or cult activity: _____

Describe any trauma your daughter has experienced (physical abuse, sexual abuse, rape, violence, witness thereof): _____

Describe any juvenile judicial history (shoplifting, burglary, curfew violations, and court action, etc):

Current Involvement/disposition: (emotional bank account) _____

Previous Involvement/ disposition: _____

Is your daughter sexually active? Yes _____ No _____ Unknown _____

Does she have a current boyfriend/significant other? Yes _____ No _____ Unknown _____

Is your daughter generally respectful to authority: Yes _____ No _____

LEGAL

Does a court have legal/temporary custody? Yes No

Is she court ordered into treatment? Yes No

Presiding court: _____

Pending Charges: _____

Known charges: _____

Known Community service hours needed: _____

Address location: _____

Probation Officer: _____ Phone _____

Address: _____

EMOTIONAL

Does your daughter have trouble expressing emotions? YES NO

Generally, describe any emotional problems: _____

SOCIAL HISTORY

How many very close friends would you say your daughter has: _____

Describe your daughter’s general social skills (i.e. outgoing, less/more mature than she age, mean to friends, socially isolated etc.): _____

Describe your daughter’s main peer group: _____

Describe a general history of she social life, especially if there has been recent changes:

SPIRITUAL

Does your daughter have a chosen religion preference? YES NO

If so, what religion? _____

Does she believe in a higher power? YES NO

Is the family or your daughter involved in spiritual pursuits? YES NO

Please explain: _____

EDUCATIONAL

Describe your daughter’s school performance (grades, relationship with teachers, classroom behaviour) in three phases:

Most recent school attended: _____

Counselor: _____

Address: _____

Phone: _____ Grade: _____ Attending Now? YES NO

Failures (grade or classes): _____

Repeated (grade or classes): _____

Suspensions: _____

Expulsions: _____

Highest level of education completed: _____

Currently Attending school: Yes No

Level of functioning (IQ): _____

Has your daughter been academically assessed for learning disabilities? _____

Has your daughter received any medical or educational treatment for learning disabilities? Yes No

If there have been no learning disability assessments, are there any concerns this may be an issue? Yes No

Favorite classes: _____

Least favorite classes: _____

Hobbies or special interest: _____

What do you perceive as your daughter’s current academic needs: _____

MEDICAL HISTORY

Primary Care physician

Name: _____ Phone number: _____

Address: _____ State: _____ Zip: _____

Primary Dentist

Name: _____ Phone number: _____

Address: _____ State: _____ Zip: _____

Primary Orthodontist

Name: _____ Phone number: _____

Address: _____ State: _____ Zip: _____

If your daughter has been treated for any chronic illness, fractures or surgery, explain history of treatment, physician's name and phone: _____

Are your daughters immunizations current? Yes ___ No ___

Date of last immunizations: Tetanus/Diphtheria: _____ Polio: _____ Measles, Mumps, Rubella: _____ Hepatitis B: _____

Prescribed medications: Yes ___ No ___

Does Applicant wear: Contact Glasses All the time Reading

Is the applicant taking any vitamins or supplements: Yes ___ No ___

List current medication and dosage: _____

Any known side effects of the medication: Yes ___ No ___

Other medical problems/physical handicaps: _____

Allergies: _____

Sexually Transmitted Diseases: _____

Special Needs: (eyeglasses, contacts, hearing aids, dental braces) _____

Has your daughter attempted suicide? If yes explain: _____

Has your daughter ever had serious illness or head injuries? _____

GENERAL HEALTH

Describe your daughter's general health: _____

Last dental exam: _____

Last hearing evaluation: _____

Last eye exam: _____

List any birthmarks, tattoos, scars, etc.: _____

Does your daughter have any medical or dental conditions which would prevent him from participating in the daily academic program, recreational activities or P.E.?

Yes No If yes, please explain: _____

Is your daughter currently experiencing (or has she ever experienced) any of the following? If yes, please check the box:

- None Anaphylactic shock Anemia Ankle problem Anorexia/bulimia Appendicitis
- Arm problems Arthritis Asthma Back problems Bed wetting Bladder/Kidney problems/infections Bleeding disorder Bone condition Bowel problems Broken bones
- Cancer Chest pain Chronic cough Circulation issues Frequent colds Constipation
- Cysts/ tumors Dermatitis Diabetes I or II Diarrhea Difficulty walking/lifting
- Ear Infections Endocrine problems Excessive sweating Fainting/dizziness
- Family history of heart disease Foot problems Frequent sore throats Frequent heartburn
- Frequent muscle cramps Frostbite HIV/AIDS Gas/Bloating Frequent shortness of breath
- Head trauma Headaches/migraines Hearing impairment Heart problems/murmurs
- Hepatitis A B or C Hernia High blood pressure Hypoglycemia Intolerance to cold
- Intolerance to heat Irregular heartbeat Joint injuries Kidney problems Knee problems
- Leg problems Medical equipment/devices Lung infection Liver problems Meningitis
- Menstrual problems/heavy bleeding Mononucleosis Motion sickness Obesity Other

- PMS- sever Pneumonia/bronchitis Pregnancy Recurrent injury/ surgery STD's Scoliosis
- Seizures/epilepsy Shoulder problems Skin diseases/ problems Sleepwalking
- TB-positive test TB-recent exposure TB- Tuberculosis Thyroid problems Ulcers
- Unexpected weight loss Urination problems Hay fever Chicken Pox Long-Measles
- 3 Day Measles Scarlet Fever Polio Typhoid Fever Rheumatoid Arthritis Tuberculosis
- Positive PPD

If your daughter has had any of the above-mentioned illnesses please include dates and medical documentation for each illness:

**** Utah State law requires proof of current immunizations. Attach a copy of current records or bring them at time of admission.**

Major Surgeries and/or Hospitalizations: _____

Describe your daughter's strengths: _____

What do you see as she main weaknesses: _____

Family and Guardian expectations for involvement in assessment, treatment, and continuing care: _____

What are the three main areas of concern for your daughter. What would you like to see with the treatment we provide:

VISITATION(1)

All visits with your daughter *must be pre-approved* by Parents/Guardians and the treatment team, via the therapist.

***All visitors must check in with unit staff upon arrival. ***

DAUGHTER'S NAME: _____

APPROVED VISITORS
(First and Last names)

RELATIONSHIP
(Must be Listed)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above-named people are approved visitors for my/our daughter while she is at Horseshoe Mountain Academy. It is my/our understanding that no one else will be permitted to visit unless pre-approved.

_____ Father (Print Name)	_____ Signature	_____ Date
_____ Mother (Print Name)	_____ Signature	_____ Date
_____ Guardian (Print Name)	_____ Signature	_____ Date
_____ Student (Print Name)	_____ Signature	_____ Date

VISITATION (2)

All telephone calls with your daughter *must be pre-approved* by Parents/Guardians and the treatment team, via the therapist.

APPROVED TELEPHONE LIST

Telephone calls made from your daughter to parents, family members, or friends must be on a collect-call basis. You may provide a calling card for your daughter. Calling privileges are according to the levels system.

DAUGHTER'S NAME: _____

May telephone the following people collect: (Immediate family members should be listed first, then others.)

May Call:	Relationship:	Phone #:	Reviewed by Therapist:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above-named people are approved for my/our daughter while she is at Horseshoe Mountain Academy to call on the telephone. It is my/our understanding that no one else will be permitted to visit unless pre-approved.

_____	_____	_____
Father (Print Name)	Signature	Date
_____	_____	_____
Mother (Print Name)	Signature	Date
_____	_____	_____
Guardian (Print Name)	Signature	Date
_____	_____	_____
Student (Print Name)	Signature	Date

VISITATION (3)

All written correspondence with your daughter *must be pre-approved* by parents/Guardians and the treatment team, via the therapist.

APPROVED MAIL LIST

DAUGHTER'S NAME: _____

May write letters, and accept letters from the following people: (Immediate family members should be listed first, then others.)

All mail incoming and outgoing will be matched with this list. E-mail may be received, but your daughter will not be able to send E.-mail unless authorized.

Name	Address	Relation	Age	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The above-named people are approved for my/our daughter to send and receive letters while she is at Horseshoe Mountain Academy. It is my/our understanding that no one else will be permitted to write unless pre-approved.

Father (Print Name)

Signature

Date

Mother (Print Name)

Signature

Date

Guardian (Print Name)

Signature

Date

Student (Print Name)

Signature

Date

Dear Parent or Guardian,

Please circle or highlight any symptom that your daughter has displayed in the past year or that you are worried about. Some symptoms are listed twice—**please circle it twice because the symptoms are grouped according to diagnosis and it will assist our clinicians in the diagnostic process.**

Depressed mood most of the day; (either as indicated by she report or your observation -- tearful, empty); irritable mood; diminished interest in pleasurable or goal directed activity; significant weight loss when not dieting; significant weight gain (e.g. a change of 5% of body weight in a month); decrease in appetite; increase in appetite; insomnia; hypersomnia; psychomotor agitation, psychomotor retardation; significant fatigue; loss of energy; feelings of worthlessness; excessive or inappropriate guilt; diminished ability to think or concentrate; indecisiveness; recurrent thoughts of death; recurrent suicidal ideation; suicide plans; past suicide attempt; feelings of hopelessness; low self esteem; social isolation; inability to express she-self to significant others.

A period of abnormally elevated, or irritable mood for 1 week or more; inflated self esteem; grandiosity; decreased need for sleep; more talkative than usual; pressured speech; flight of ideas; distractible; increase in goal directed activity; psychomotor agitation; excessive involvement in activities that have a high potential for painful consequences (shopping sprees, sexual indiscretion, high risk activities, binges)

A pattern of negative behavior; hostile behavior; defiant behavior; often loses temper; argues with adults; actively defies or refuses to comply with adults' requests or rules; deliberately annoys people; blames others for she mistakes or misbehavior; touchy or easily annoyed by others; angry; resentful; spiteful or vindictive; sense of entitlement; dishonesty, shoplifting, running away from home, truant from school, fails to give close attention to details; makes careless mistakes in schoolwork, work, or other activities; has difficulty sustaining attention in task or play activities; often does not seem to listen when spoken to directly; does not follow through on instructions; fails to finish schoolwork or chores (not due to oppositional behavior or failure to understand instructions); has difficulty organizing tasks and activities; avoids or dislikes engaging in tasks that require sustained mental effort; often loses things necessary for task or activities (e.g. school assignments, pencils, books); is often easily distracted by extraneous stimuli; is often forgetful in daily activities; often fidgets with hands or feet or squirms in seat; often leaves seat in classroom or in other situations in which remaining seated is expected; often feels restless; has difficulty playing or engaging in leisure activities quietly; is often "on the go" or acts as if "driven by a motor"; talks excessively; often blurts out answers before questions have been completed; has difficulty awaiting turn; often interrupts or intrudes on others.

She experienced or witnessed an event that involved actual or threatened death, serious injury, or threat to the physical integrity of self or others; she response to the experience involved intense fear, helplessness or horror; recurrent and intrusive distressing recollections of the event (images, thoughts, or perceptions); recurrent distressing dreams of the event; acting or feeling as if the traumatic event were recurring; intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest or participation in significant activities; feeling of detachment or estrangement from others;

restricted range of moods; sense of a foreshortened future; difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hyper vigilance; exaggerated startle response. Excessive anxiety and worry for at least 6 months; difficulty controlling the worry; restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; sleep disturbance.

Discrete periods of intense fear or discomfort; palpitations, pounding heart, or accelerated heart beat; sweating; trembling or shaking; sensations of shortness of breath or smothering; feelings of choking; chest pain or discomfort; nausea or abdominal distress; feeling dizzy, unsteady, lightheaded, or faint; de-realization or self detachment; fear of losing control or going crazy; fear of dying; numbness or tingling limbs; chills or hot flushes.

Anxiety about being in places that can be embarrassing; fears of crowds; fear of being alone; fear of standing in

lines; fear of heights; fear of closed places; fear of leaving home; fear of flying; fear of animals; fear of speaking in public.

Recurrent thoughts or impulses that cause marked anxiety or distress; that are not about real-life problems; she attempts to deal with the thoughts with some other thought or action; she knows that they are a product of she own mind. repetitive behaviors or mental acts that she feels driven to perform in response to an obsession; behaviors or mental acts are aimed at preventing some dreaded event; checking things over and over again; washing she hands over and over again; ritualistic behavior; being uncomfortable when things are not in perfect order (clothes, food on a plate, towels).

Use of any drug; Cannabis (Marijuana), Amphetamines, Cocaine, Hallucinogens, Inhalants, Alcohol, Nicotine /Tobacco, other _____

TOLERANCE; (need for increased amounts of the same substance to achieve desired effect OR marked diminished effect with the same amount of the substance); **WITHDRAWAL** (classic withdrawal symptoms OR taking a similar substance to avoid withdrawal symptoms); substance is taken in larger amounts or over a longer period of time than what she intended; persistent desire or unsuccessful attempts to cut down on usage; great amounts of time spent in drug related activities; important parts of life are given up or reduced because of usage; use is continued despite knowledge of harm to self and others; recurrent use resulting in failure to fulfill a major role obligation (school, family, work); use in situations that are physically hazardous (car, needles, etc); related legal problems (arrests, under-age use, etc); continued use despite having recurrent relationship problems (arguments, family stress, social problems, school problems).

Recurrent episodes of binge eating; eating in a discrete period of time; eating amounts of food that are definitely larger that most people would eat; a sense of lack of control over eating; recurrent inappropriate compensatory behavior in order to prevent weight gain; self-induced vomiting; misuse of laxatives; self evaluation is unduly influenced by body shape and weight; cuts on the back of hands; recent tooth decay.

A history of physical complaints that occur over a long period of time; seem to be preoccupied with physical problems, sick often.

Several discrete episodes of failure to resist aggressive impulses that result in serious assault acts or destruction of property; degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating stressors.

Impairment in the use of multiple nonverbal behaviors (eye to eye gaze, facial expressions, body postures, gestures); failure to develop age appropriate peer relationships; lack of spontaneous seeking to share enjoyment or interest; lack of social or emotional reciprocity; preoccupation with restricted patterns; inflexible adherence to routines or rituals; stereotyped and repetitive motor mannerisms; preoccupation with parts of objects.

Symptoms relating to parents--impaired communication; overprotection; enmeshment; inadequate discipline; intense relationship; obvious lack of functionality; unresolved issues; lack of respect; out of control feelings.

- Pattern of failing grades; underachievement; truancy; dropping out of school.
- Physical Abuse of your daughter, Sexual Abuse of your daughter,
- Non-compliance with out-patient therapy, medication, probation, in-patient treatment.
- IQ below 70; IQ between 71-84; IQ between 85-115; IQ between 116-130; IQ above 131.
- Bereavement; recent abortion; recent miscarriage; recent loss of a loved one; recent suicide of a close friend; recent divorce.

Unstable relationships, unstable moods, highly impulsive; frantic efforts to avoid abandonment; intense interpersonal relationships characterized by alternating between extremes of idealization & devaluation; unstable self-image or sense of self; impulsive in at least 2 dangerous areas (spending, sex, substance abuse, reckless driving, binge eating); recurrent suicidal behavior, gestures, or threats; self mutilating behavior; intensely reactive moods; chronic feelings of emptiness; inappropriate & intense anger; difficulty controlling anger; stress related paranoid thoughts; dissocialize symptoms.

High emotionality and attention seeking; uncomfortable in situations which she is not the center of attention; interaction with others is characterized by inappropriate sexually seductive or provocative behavior; rapidly shifting and shallow expression of emotion; uses physical appearance to draw attention to self; speech is impressionistic and lacking in detail; shows self-dramatization, theatricality, and exaggerated expression of emotion; suggestible or easily influenced by others; considers relationships to be more intimate than they actually are.

General Health; Good Physical Health, allergies, recent operation, sexually transmitted disease, broken bones, tooth decay.

Problems with primary support group; educational problems, problems related to interaction with the legal system or a crime, change of residence, recent break up with a serious boyfriend, drug detoxification, recent parental divorce.