



**SPECIAL NEEDS: MEDICAL ISSUES/ALLERGIES/SPECIAL FOOD NEEDS**

**PLAN FOR DISCHARGE:** Disposition must be clear and all children served must have a place to go upon D/C. If a child does not have a case manager, a referral for case management services should be made prior to them entering ST-PRTF.

**PARENT/GUARDIAN OR REFERRAL SOURCE NEEDS TO PROVIDE THE FOLLOWING IN ADDITION TO REFERRAL  
(Due upon admission to the program)**

1. MOST RECENT PHYSICAL EXAMINATION ( WITHIN 1 YEAR- IF NOT PARENTS NEED TO OBTAIN NEW PHYSICAL)
2. PROOF OF IMMUNIZATIONS
3. MOST RECENT DENTAL EXAM
4. INSURANCE CARD
5. PSYCHIATRIC EVALUATION (**IF REQUESTED**, NEEDED BEFORE DECISION FOR ADMISSION CAN BE MADE)

SCHOOL	GRADE	REG ED/SPEC ED/IEP	HOME SCHOOL DISTRICT

**CURRENT SERVICES**

TYPE OF SERVICE	NAME/AGENCY	NUMBER
PSYCHIATRIST/MED MANAGEMENT		
THERAPIST (SPECIFY TYPE)		
CASE MANAGER		
CYF/OTHER:		
PCP (LAST PHYSICAL) DENTIST (LAST APPT)		