1060 Sunset Strip, Sunrise, FL 33313
Tel (954) 333-8787 Fax (954) 333-8621

Fom Tes Depistaj

OUT-PT. PROGRAMS: ☐ Individual/Family Counseling ☐ Substance Abuse ☐ SEED (After School Program) ☐ PSR Adults

Non Kliyan an: _____**DOB:**_____**Gender:** ☐ M ☐F

Adres kliyan an:_____ City: _____, FL

Zip Code: _____telefon/selile: _____ Imel: _____

Gadyen legal: _____ Relasyon ak kliyan an: _____ Documentation? ☐ Y ☐ N

Fre ak se: ☐ No ☐ Yes _____

Aleji ☐ No ☐ Yes _____

Non kontak ijans:_____ **Telefon:** _____

Non Lekol la: _____ **Klas:** _____

Lang chwa pale: ☐ English ☐ Spanish ☐ Creole ☐ Other _____

Ras: ☐Blan ☐Afriken Ameriken ☐Ameriken Endyen ☐Milti-rasyal ☐Azyatik oswa Pasifik zile ☐ Lot_____

Etnisite: ☐ Kiben ☐Meksiken ☐Puerto Rican ☐Lot panyol ☐Ayisyen ☐ Lot_____

Asirans: ☐ Medicaid #/Plan Name _____ ☐ Self-Pay ☐ Pro-Bono

Non PCP's/ Vil la:_____Telefon:_____

Tanpi dekri preznte pwoblem(Enkyetid, konpotman, sentom):

_____

_____

_____

☐ Bes nan fonksyonman lekol la ☐ Diminye klas yo ☐ move konpotman ☐Pov prezans nan lekol la

☐ Pwoblem fanmi (dekri):_____

☐ Konpotman agresif/ deranje ☐ Defye ☐ Diskisyon oswa kolaborasyon ☐ anviwonman dife ☐ Arete

☐ Iperaktif/ san reflechi ☐ Distraksyon/ pov konsantre

☐ Enkyetid ☐Chimerik ☐ Enkyetid ☐ Fobi (Dekri) _____

☐ atitid tris ☐ Depresyon ☐ Pwoblem domi ☐ Femen tet ou yon kote apa ☐ Pov/ ogmante Apeti

☐ Ime ☐ Kole entans ☐ Eklatman emosyonel

☐ Lide komet swisid ☐ Ide asasinay ☐ Danje pou pwop tet ou oswa lot moun (Dekri)_____

☐ Viktim abi seksyel ☐ Konpotman seksyel ki pa apwopriye (Dekri):_____

☐ Eskizofreni ☐ Tande Vwa ☐ ☐ Alisinasyon ☐ Awogans

☐ Dx of ID/ASD/Neurological Disorder (verbal/nonverbal/level of functioning)_____

☐ Abi sibstans (Dekri aktyel/ istwa itilizasyon):

_____

_____

☐ Marchman/Zak boulanje Resan/Istwa (Dat admet/ longe rete):

_____

_____

☐ lot (Dekri)_____

Telehealth ☐ Yes ☐ No

Is client currently involved with any agency/ mental health provider (DCF, DJJ, PO, JPO. Psy, etc.) ☐ Yes ☐ No

If yes, Provider's name _____Tel. Number: _____

Referring Agency/School Name: _____ Staff's Name: _____

Phone: _____E-Mail: _____

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Result of Screening: ☐ Eligible for Program ☐ Placed on Waitlist
☐ Not Eligible (Explain):
_____

Actions Taken: ☐ Referred Out
☐ **Nova University Autism Center** 954-262-7747 (M-F 8:30a-5:00p) 7600 SW 36th Ave Davie, FL 33314
☐ **MGM Behavioral** (ABA Therapy and evaluations) 305-827-2822 (M-F 9:00a-5:00p, Sat. Appt Only) 8040 Northwest 155th St, Miami Lakes, FL 33016
☐ **BARC** (Detox/Residential/IOP/Outpatient) 954-357-4880 (M-Sun 7:00a-11:30p) 325 SW 28th St Ft Lauderdale, FL 33315
☐ **Other** (Agency Name/Phone Number/Address/Hours of Operation):_____

Name of Person Completing Form: _____ **Date:** _____