	MINOR
	ADULT

NEXTGENERATION THERAPEUTIC SERVICES
BEHAVIORAL HEALTH CENTER

Address:
14440 Cherry Lane Ct. #114
Laurel, MD 20707

Phone: 240-360-2161
Fax: 240-280-1698

DEMOGRAPHIC INFORMATION												
Client Name:				D.O.B: / /			Sex: M / F / Other:					
MA #:			SSN: - -						Race:			
Address:												
City:		State:			Zip:		Phone #:					
Marital Status:		Single		Married		Divorced		Separated		Other:		
Parent/ Guardian Name ***(Minors Only)*:**							Relationship:					
Number of siblings ***(Minors Only)*:**		None		Number of Children ***(Adults Only):***				None				
School Name:							IEP		Yes		No	
Highest Grade Completed:		Some Undergraduate		Some Graduate			GED		Other:			

ENTITLEMENT INFORMATION			
Occupation:		Not Employed	Income (Monthly): $
SSI (Monthly): $			Date Active: / /
SSDI (Monthly): $			Date Active: / /
Other Sources of Income:			Amount: $

MEDICAL INFORMATION									
Primary Care Physician:									
Address:							Phone #:		
Is client on medication?		Yes		No	What medication(s)?				
Dosage:		Frequency:			Other medications:				No
If no, please explain:									
	Clients Parent/ Guardian refused medication management			Client engages in holistic/ herbal practices					

PRESENTING PROBLEM *(REASON FOR REFERRAL)*									
Client needs assistance in the following areas:									
	Adjustment *(traumatic/ life changes)*		Independent Living Skills *(Chores, cooking, laundry, etc…)*		Social Skills		Concentration		Self-Care
	Attention seeking behaviors *(hyper, impulsive, disruptive, etc…)*		Aggression		Compliance *(Following directives)*		Other:		
Explain:									
Client Strengths:									
Need for continuation of PRP Services:									

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DIAGNOSIS									
Past Psychiatric Admission(s)		Yes		No	Previous Outpatient Treatment		Yes		No
Primary Behavioral Dx:					Primary Medical Dx:				

REFERRING CLINICIAN	
Clinician Name:	Credentials:
If you are a LMSW or LGPC, please include your supervisors name and credentials	
Supervisor Name:	Credentials:
Agency:	Phone Number:

_____ _____

Clinician Signature/ Credentials *Date*