YOUTH RECOVERY CENTER
PRE-ADMISSION QUESTIONNAIRE

PARENT/GUARDIAN/PRIMARY CAREGIVER

FOR ADDITIONAL INFORMATION: (970)384-7484 • YRCAdmissions@vvh.org

NAME: ____

RELATIONSHIP TO CLIENT: ____

CLIENT NAME: ____ DATE: _____________

Thank you for taking the time to answer this questionnaire honestly and thoroughly. Your answers give our providers, nurses, and therapists with a more comprehensive picture of your child. Even details about your immediate and extended family are significant in making an accurate assessment for your child, especially in regards to substance abuse, mental health, and medication use. We would like to encourage your participation in your child's treatment and aftercare planning and recognize your partnership in care.

Please know that minors do have rights in making their own healthcare decisions. Certainly, family alignment in decision-making is preferable, but there may be times when your child makes a decision independent of your wishes. Legally, your child may make certain decisions. (See Understanding Minor's Rights form.)

Thank you, again. Please do not hesitate to call the YRC Admissions Coordinator @ (970) 384-7484 or nursing staff @ (970) 384-7473.

QUESTIONNAIRE

1. In your opinion, how has the use of drugs impacted your child's life?

2. In your opinion, has the use of drugs/alcohol caused any negative things to happen in your child's life? If yes, please describe negative aspects in any of the following areas:

   □ *Family Issues/Changes* - (list divorce, domestic violence, death, fighting, etc.)

□ *Health Issues/Medications* - (list ER visits, inpatient treatment, started or changed medications, illnesses, suicide attempts, etc.)

□ *Traumatic Events/Losses* - (list death of friend/family, loss of job, divorce, rape, suicide, etc.)

□ *Change in Peer/Romantic Relationships* – (list breakup, new relationship, pregnancy, loss of friend)

□ *School Issues* – (list expulsion, using in school, returned to school, etc.)

HEALTH

3. Has your child been vaccinated for COVID 19?

   □ No □ Yes, 1st dose □ Yes, 1st AND 2nd dose □ Yes- 1st and 2nd dose, AND a booster

   If yes, when? ____

4. Has your child had any positive COVID tests? □ No □ Yes

   If yes, when and where was your child tested? ____

   ____

5. Does your child have any physical limitations or disabilities? □ No □ Yes

   If yes, what type? ____

6. Do your child have any *health issues* that require frequent medical care? □ No □ Yes
   (Examples: asthma, diabetes, chronic pain, ADHD, depression, anxiety, bipolar disorder, hallucinations, etc.)

   If yes, please name the medical condition(s):
   ____

7. When was your child's last ER Visit? ____

Reason for visit: ____

____

8. Please list all psychiatric hospitalizations, the dates they were hospitalized, and the reason for admission:____

____

____

9. Are you comfortable with our providers prescribing psychiatric medications for your child?
□ No □ Yes

If no, why not? ____

____

10. Does your child take any prescribed medication(s) on a daily basis? □ No □ Yes
If yes, please list ***name(s) and dose(s) of each medication, what it is treating, and when it was prescribed.***

____

____

11. Do you administer the medicine to your child? □ No □ Yes

12. Has your child experienced any negative side effects from medication(s)? □ No □ Yes

If yes, please explain. ____

____

13. Which medication(s) have been helpful to your child and how?

____

____

14. Do **you or any other members of your family** take prescribed medications for mental health issues? (Depression, anxiety, bipolar disorder, schizophrenia, anger) □ No □ Yes

If yes, please list the ***reason for the medication(s) and the name(s) of the medication(s).***

Biological mother of child: ____

Biological father of child: ____

Full siblings of child: ____

Maternal side of the family – list family member & medication(s) prescribed (Ex. Half siblings, aunt, grandparent, etc.):

____

Paternal side of the family - list family member & medication(s) prescribed (Ex. Half siblings, aunt, grandparent, etc.):

____

15. Does anyone in your family have their ***MEDICAL MARIJUANA*** card? □ No □ Yes

    If yes, please list the family member(s) and explain their medical condition(s):

    ____

FAMILY

16. Please indicate the status of your relationship with your child's other biological parent (Please check any that apply to you.)

    □ Live together □ Are separated □ Are divorced □ Were never married

17. Are you *remarried or living with* another partner? □ No □ Yes

    If yes, for how long?

18. How would you describe the general atmosphere of your home? (***check all that you feel apply***)

    □ Safe □ Chaotic □ Lots of arguing □ Nurturing □ Unloving

    □ Fun □ Unsafe because of domestic violence □ We move a lot

    □ There is drug/alcohol use in the home

19. Please list any immediate & extended family member(s**) who use drugs/alcohol** and their substance(s) of choice:

20. Are there any challenges in your home such as substance abuse, unemployment, and/or difficult relationships that may cause safety issues in your home?

21. ***MY CHILD'S WEAKNESSES-*** *please circle all that apply:*

    Boring Weird Angry Loud Lazy Not smart Judgmental Mean Miserable
    Liar Depressed Loner Anxious/Nervous Physically aggressive

22. ***MY CHILD'S STRENGTHS-*** *please circle all that apply:*

    Smiles a lot Athletic Friendly Kind Smart Generous Loyal Compassionate
    Loves to learn Adventurous Artistic Musical Passionate Independent Unique
    Helpful to others Organized Responsible Self-Starter Finishes what he/she starts

LEGAL ISSUES

23. Has your child had legal issues, been arrested, served time in jail? (list crimes, court experiences, time periods in jail, etc.)

24. Please list all charges (historical and current):

25. Is your child currently on probation?

26. Has your child been charged with assault, domestic violence, and/or sexual offense/perpetration? *If yes, please provide detailed information of what happened, when and whether they were under the influence of any drugs at the time of the incident(s).*