



KidsPeace National Centers™
of New England

**To help determine if we have an appropriate placement,
please complete the following form and fax it to:
207-667-6348**

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KPNE Graham Lake Admissions Preliminary Referral Form

Client Name: _____ Sex: M ____ F ____
DOB: _____ Height: _____ Weight: _____ S.S.#: _____
Age: _____ Race: _____

Referral Information: Date of Referral: _____

Service Inquiry/Request: Diagnostic _____ Therapeutic Residential _____ Day Treatment _____

Referral Source

Name: _____ Relationship: _____
Agency: _____ Phone #: _____
County: _____

Presenting Issues: Physical Aggression Oppositional defiant Firesetter Suicidal/Homicidal
 Encopresis/Enuresis Sexual issues Abuse/Neglect victim Verbal Aggression Steals/ Lies/ Manipulative

Funding Information

Funding source: Public _____ Private _____ Self Pay _____ MA _____
MA #: _____ Social Security #: _____

Client's Current Residence

Family of origin _____ Foster care _____ Group home/shelter care _____ Detention _____
Residential _____ Psychiatric hospital _____ Other _____
Name of residence if other than family of origin: _____
Custody: _____ Is parent aware of this referral: yes _____ no _____
May we contact parent for additional information: yes _____ no _____

Demographic Information

Mother: _____ Father: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

School Information

Current School: _____
Address: _____
Phone #: _____ Home School District: _____
Grade: _____ IQ: _____ Reg/Special Ed (circle one)

Medical Information (fill out Medical Questionnaire)

Medication: yes _____ no _____
If yes, type and dosage: _____
Is client compliant with medication: yes _____ no _____
List any health problems or medical concerns: _____

Fax to: _____ Date: _____