



Referral Information Checklist

Please utilize the following checklist as a guide for submission of referral information to The Hughes Center. All information received will be reviewed by the Admissions Review Board to determine if our program is the most appropriate for the individual being referred. It is imperative that we receive documentation that is both current and that presents a complete picture of the potential resident strengths, needs, and challenges. Should you need further assistance or have any questions, please contact the Admission Office at (434) 836-8508.

Developmental Summary & Social History:

- Current DSM-V Diagnosis *
- Current Level of Functioning (strengths, talents, challenging behaviors, etc.)
- Previous treatment/placement history (staffing reports, discharge summary, treatment plans, psychological/psychiatric evaluations, progress reports, etc.) *
- Supporting Documentation (Justification for RTC placement)
- Social History (describing family structure and relationships) *
- Custody Status (names, addresses, social security numbers and marital status of parents/guardians, court order or other written documentation establishing custody) *
- Names, ages, and sex of siblings

Physical Examination Record:

- Immunization Record *
- Visual & Auditory Acuity
- General Physical Condition *
 - documentation of freedom from communicable diseases (including TB)
 - allergies, chronic conditions, and handicaps, if any
- Nutritional Requirements (including special diets, if any)
- Restrictions (physical activity, if any)
- Recommendations for Further Treatment (immunizations & other examinations, as indicated)
- Signatures (of licensed Physician, Designee or Official or local health department)
- Date of Last Physical & Dental Examinations *

Medical History:

- Serious Illness or Chronic Condition of Family (parents and siblings, if known)
- Past Serious illnesses, infectious diseases, serious injuries and hospitalizations
- Results of psychological, psychiatric and neurological evaluations, if applicable (including intellectual and projective testing, EEG or EKG) *
- Names, addresses, and phone numbers of individual's former physician and dentist, if known
- Medication Administration Record (MAR)
- Information pertaining to sources of funding including copies of ID, Medicaid and/or Insurance Cards

Educational Records:

- Student's Eligibility for Special Education Placement *
- Current Grades, Schedule of Classes, etc. (grades through date of withdrawal from previous school setting, cumulative transcripts) *
- Education Evaluations & Test Scores (if any) *
- Disciplinary Records (if any)
- Individualized Education Program (IEP), if identified as special education *

These items are deemed essential. A packet cannot be reviewed until this documentation is received.

Child's name: _____ **DOB:** _____

Referring Locality and Agency: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Signature: _____