

Desert Sage Youth Wellness Center Admission Application

DESERT SAGE USE ONLY
Health Record Number:

Date of Application: _____

Patient Information:

Last Name: _____ First Name: _____ Middle Name: _____

Other Name/Aliases: _____ Date of Birth: _____

Sex: _____ Marital Status: _____ Primary Language: _____

Tribal Affiliation: _____

Religious Preference: _____ Ethnicity: _____ Race: _____

Place of Birth (City/State): _____

Medicaid/Medi-Cal: Yes No Policy Number: _____ Effective Date: _____

Other Health Insurance: Yes No Name of Insurance: _____

Policy Number: _____ Effective Date: _____

Family Information:

Mother's Name: _____ Phone Number: _____

Mother's Address: _____

Father's Name: _____ Phone Number: _____

Father's Address: _____

Patient's Current Placement:

Home Other Family Hospital Foster Setting Juvenile Detention

Name of Legal Guardian: _____ Relationship to Patient: _____

Phone Number: _____

Legal Guardian's Address: _____

Educational History:

Name of last school attended: _____ City/State: _____

Grade in school: _____ Attending special education classes? Yes No

Has the patient ever been suspended or expelled from school? Yes No

If yes, please explain why: _____

Other school related comments: _____

Patient Name: _____ Date of Birth: _____

Legal History:

Current and/or pending legal charges? Yes No

If yes, please describe: _____

Social Service Involvement: _____

Indian Child Welfare Act Involvement: _____

Emotional/Behavioral:

History of physical violence/aggression toward others? Yes No

If yes, please describe: _____

History of suicidal ideation/attempt? Yes No

If yes, please describe: _____

Diagnosis: _____

Describe Current Course of Treatment for Substance Use Disorder: _____

Comorbid Mental Health Conditions: _____

Clinical indications for residential care (Reason cannot be treated in less restrictive environment). Please cite applicable ASAM placement criteria: _____

Current/Past Substances:

Primary: _____ Date Last Used: _____ How Much? _____ Frequency: _____

Other: _____ Date Last Used: _____ How Much? _____ Frequency: _____

Other: _____ Date Last Used: _____ How Much? _____ Frequency: _____

Other: _____ Date Last Used: _____ How Much? _____ Frequency: _____

Other: _____ Date Last Used: _____ How Much? _____ Frequency: _____

Patient Name: _____ Date of Birth: _____

Medical:
Medical conditions for which applicant is currently receiving care: _____ _____
Currently Prescribed Medications:
Name of medication: _____ dose: _____ Medical Condition: _____
Name of medication: _____ dose: _____ Medical Condition: _____
Name of medication: _____ dose: _____ Medical Condition: _____
Name of medication: _____ dose: _____ Medical Condition: _____

Referring Provider Information:
Referred By: _____ Title: _____
Phone Number: _____ Email Address: _____
Agency Name: _____
Agency Address: _____

******Please Note******

Any specialty medical care needed while at Desert Sage that is not available as direct care through Riverside San Bernardino County Indian Health, Inc. MUST be funded through their home clinic Purchase and Referred Care.

Patient Name: _____ Date of Birth: _____

Required Admission Application Documents

Please submit all applicable documents with the completed application form.

- Copy of signed patient consent form to disclose information under Title 42, Part 2, Code of Federal Regulations to Desert Sage Youth Wellness Center
- History and Physical (within the last 30 days) documenting that applicant is medically stable
- Immunization record (TB test within the last 12 months required)
- Most recent Treatment/Discharge Plan
- Pending and Past Court Hearing Documentation
- Chemical Dependency Evaluations
- Educational Records/Assessments (including IEP if applicable)
- Documents verifying Indian status for IHS eligibility (e.g. CIB, documentation of tribal enrollment)
- Copy of Health Insurance card(s)
- Copy of Birth Certificate
- Copy of signed Admission Agreement Regarding Medical/Dental Care Not Available at RSBCIHI Form

Additional Documentation that will be Required Prior to Admission:

- Urine Drug Screen (within 48 hours of admission to Desert Sage)
- Pregnancy Test (within 48 hours of admission to Desert Sage)

All documents must be submitted through secure messaging/fax. Please do not e-mail.

Desert Sage Youth Wellness Center
P.O. Box 2748, Hemet, California 92546
Office: (951) 708-4019
Secure Fax: (951) 767-1203 / (951) 767 3047