BaMidbar Wilderness Therapy
Application for Admissions

1. Participant and Sponsor Information

Student Information:
Name: _____ Today's Date: _____
Expected Enrollment Date:_____
Date of birth: _____ Age: _____
Address: _____
City/ State/ Zip: _____
Country: _____
With whom do you usually live? _____
Where do you live?_____
Country of citizenship? _____
Were you adopted? **Y / N** At what age: _____
I identify my gender as: _____
Ethnicity:

- Asian
- African American/Black
- Anglo/White/Caucasian
- Latino/Hispanic
- Middle Eastern
- Multi-racial
- Native American
- Pacific Islander
- Other

Family/Sponsor* Information
* A sponsor constitutes any person or persons who are financially responsible for the student's participation in BaMidbar Wilderness Therapy.

Spouse's Name (if applicable):
Name: _____
Address: _____
Home phone: _____
Mobile phone: _____
Email: _____
Best contact method: _____
DOB: _____
Is this individual the participant's financial sponsor? **Y / N**

Father's Name:
Name: _____
Address: _____
Home phone: _____

BaMidbar Wilderness Therapy
Application for Admissions

Mobile phone: _____
Email: _____
Best contact method: _____
DOB: _____
Marital Status:_____
Is this individual the participant's financial sponsor? **Y / N**

Mother's Name:
Name: _____
Address: _____
Home phone: _____
Mobile phone: _____
Email: _____
Best contact method: _____
DOB: _____
Marital Status:_____
Is this individual the participant's financial sponsor? **Y / N**

Step Father's Name:
Name: _____
Address: _____
Home phone: _____
Mobile phone: _____
Email: _____
Best contact method: _____
DOB: _____
Is this individual the participant's financial sponsor? **Y / N**

Step Mother's Name:
Name: _____
Address: _____
Home phone: _____
Mobile phone: _____
Email: _____
Best contact method: _____
DOB: _____
Is this individual the participant's financial sponsor? **Y / N**

Referral Information:

How did you first hear about BaMidbar Wilderness Therapy?

BaMidbar Wilderness Therapy

Application for Admissions

Please give the name(s) of the referral source including phone and email:

Name:	Phone:	Email:	Can we contact?
Name:	Phone:	Email:	Can we contact?
Name:	Phone:	Email:	Can we contact?

2. Health and Medical History

Family Doctor: _____
Family Dentist: _____
Date of last physical: _____

Please list any surgeries, serious illness, and/or hospitalizations. Please include date/event:
_____
_____
_____

Please list any chronic medical conditions: (such as diabetes, high blood pressure, etc_:
_____
_____
_____

Please list all of Student's allergies (food, medication, grasses, etc.), how they are activated, and what happens:
_____
_____
_____

Does the Student carry an inhaler or epinephrine pen? **Y / N**
Please list name/type of inhaler:
_____
_____
_____
Has the Student ever been hospitalized for allergies/asthma? **Y / N**
If yes, please describe (include date/reason):
_____
_____
_____

Is the Student currently taking any vitamins or supplements?
If yes, please describe:
_____
_____
_____

Does the Student currently get exercise? If yes, please describe:
_____
_____
_____

BaMidbar Wilderness Therapy
Application for Admissions

Describe any pertinent medical/physical information that might inhibit physical activity:
_____
_____
_____

Does the Student have any dietary restrictions? **Y / N**
If yes, please describe:
_____
_____
_____

In addition, please answer the following questions:	Yes	No	Don't Know
1. Do you have any allergies to medications?			
2. Have you ever had an allergic reaction (for example, to food, pollen, medicine, or stinging insects?			
3. Have you ever had a rash or hives develop during or after exercise?			
4. Exercise: a. Do you exercise regularly? b. Have you ever been ill from exercising in the heat? c. Have you ever passed out during or after exercise? d. Have you ever been dizzy during or after exercise? e. Have you ever had chest pain during or after exercise? f. Do you get tired more quickly than your friends do during exercise? g. Do you have high blood pressure or cholesterol? h. Have you ever been told you have a heart murmur? i. Has any family member or relative died of heart problems or of sudden death before age 50? j. Have you had a severe viral infection within the last month? k. Has a physician ever denied or restricted your participation in sports for any heart problems?			
5. Do you have current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?			
6. Head: a. Have you ever had a head injury or concussion? b. Have you ever been knocked out, become unconscious, or			

lost your memory? c. Have you ever had a seizure? d. Do you have frequent or severe headaches?			
7. Have you ever had numbness or tingling in your arms, hands, legs, or feet?			
8. Do you have trouble keeping your extremities warm?			
9. Have you ever had frostbite?			
10. Have you ever had a pinched nerve?			
11. Asthma/allergies: a. Do you cough, wheeze, or have trouble breathing during or after activity? b. Do you have asthma? c. Do you have seasonal allergies that require medical treatment?			
12. Do you use any special protective or corrective equipment that aren't regularly used for athletic activity (for example, knee brace, foot orthotics, hearing aid, etc.)			
13. Do you wear glasses, contacts, or protective eyewear?			
14. Bones and Joints a. Have you ever had a sprain, strain, or swelling after injury? b. Have you broken or fractured any bones or dislocated any joints? c. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, circle the appropriate body part below. Head | Neck |Back | Chest |Shoulder |Upper arm |Elbow |Forearm |Wrist |Hand |Finger |Hip |Thigh |Knee |Shin/Calf |Ankle |Foot			
15. Do you want to weigh more or less than you do now?			
16. Do you have: a. Frequent colds? b. Chest pains? c. Chronic cough? d. Frequent heartburn? e. Frequent gas or bloating?			

f. Frequent diarrhea?			
17. Do you have Diabetes? a. Type I b. Type II			
18. Do you have or have you ever had: a. Cancer b. Cysts c. Tumors			

Please describe in detail any checked items:

_____
_____
_____

Is the Student up-to-date on immunizations? **Y / N**
Please send a copy of Student's vaccination record.

Family Medical History:
Please list any pertinent medical history in the Student's family, including history of mental illness or substance abuse:

_____
_____
_____

3. Mental Health Treatment History

Have you ever received a formal DSM-5 diagnoses? If yes, please explain.

_____
_____
_____

Have you ever had psychological testing? Please describe the circumstances that led up to testing?

_____
_____
_____

Outpatient

Dates:	INDIVIDUAL	GROUP	FAMILY	# OF TIMES	**Name of Counselor / Facility**	**Reason for Treatment**	**Outcome** Positive (+) Negative (-) Neutral (0)

BaMidbar Wilderness Therapy
Application for Admissions

Inpatient

Dates:	INDIVIDUAL	GROUP	FAMILY	# OF TIMES	**Name of Facility**	**Reason for Treatment**	**Outcome** Positive (+) Negative (-) Neutral (0)

Medications

Please list any medications (including psychotropic medications) that you have taken in the last two years, including medications you no longer take.

Medication	**Dose (mg)**	**How often**	**Date Started**	**Are you currently taking this?**	**Date changed or stopped**	**Prescribing Physician**	**Reason Prescribed**	**Any side effects?**

4. Substance Use

Substance	NEVER	EXPERIMENT	MONTHLY	WEEKLY	DAILY	When did you begin using?	With whom do you use?	When was last use?	Method of ingestion?	Family history of use?
Tobacco										
Alcohol										
Cannabis (marijuana)										
Amphetamine (Speed, Crystal meth)										
Prescription Stimulants (Adderall, Ritalin, Concerta)										
Crack / Cocaine										
Hallucinogens (LSD, Mushrooms, etc.)										
Inhalants (Gas, glue, Nitrus, etc.)										
Nonprescription										

Opiods (Heroin, opium)										
Prescription Opioids (OxyContin, Percocet, Morphine, Codeine, Fentanyl, etc.)										
PCP (Angel Dust)										
Sedatives (Sleeping pills)										
Club Drugs (Ecstasy, Special K)										
Other: *(Specify)*										

Have you ever attempted to quit any of these substances? If yes, please explain.

_____
_____
_____

Has your tolerance for any of these substances increased or decreased recently? If yes, please explain.

_____
_____
_____

5. Personal History

Please describe the primary reason(s) that have led you to enroll in BaMidbar at this time.

Reasons	Explanation

What do you hope to achieve or gain while at BaMidbar? How do you hope to benefit from this experience?

_____
_____
_____
_____

Education/Employment

What is the highest grade you have completed? _____

Are you currently attending school?_____

Name of current school? _____

Please list all previous schools:

- Middle School(s): _____ GPA _____
- High School(s): _____GPA_____
- College(s): _____
  - Major_____
  - GPA_____

Have you ever qualified for **special education** or **disability** status? **Y / N**

Have you ever had a **CST** (Child Study Team), **IEP** (Individualized Education Plan), or **504** (Medical adaption plan) Meeting? **Y / N**

If so, please indicate which one:

❑ CST
❑ IEP
❑ 504

BaMidbar Wilderness Therapy
Application for Admissions

What is your attitude and aspiration towards school:

Attitude		Aspiration	
❑	Hate	❑	Drop out prematurely
❑	Dislike	❑	Will drop out soon
❑	Tolerate	❑	Attend school for awhile longer
❑	Like	❑	Attend College
❑	Love	❑	Finish College or Vocational/Trade school

Behaviors

Have you had any physical confrontations in the home or with others? If yes, please describe in detail, including dates:

_____

_____

Have you ever intentionally hurt yourself? If yes, please describe in detail, including dates:

_____

_____

Have you ever had thoughts of suicide, made a plan, talked about suicide, or attempted suicide? If yes, please describe in detail, including dates:

_____

_____

Do you know anyone who has attempted or completed suicide? If yes, please describe in detail, including dates:

_____

_____

Have you ever had thoughts of homicide, made a plan, talked about homicide, or attempted homicide? If yes, please describe in detail, including dates:

_____

_____

Do you isolate yourself from others? If yes, please describe in detail:

_____

_____

Do you experience recurrent thoughts or repeated behaviors that you cannot control? If yes, please describe in detail, including dates:

_____

_____

Do you spend significant amounts of time playing computer games, watching TV, browsing the internet,

watching pornography, gambling, or participating in similar activities? If yes, please describe in detail:

_____

_____

Do you or have you ever counted calories, dieted, binged, purged, or otherwise controlled your eating habits? If yes, please describe in detail, including dates:

_____

_____

Have you ever been arrested, as a juvenile or as an adult? Were you charged? If yes, please describe in detail, including dates and charges:

_____

_____

Have you ever run away? If yes, please describe in detail, including dates:

_____

_____

Have you noticed a recent change in your behaviors? If yes, please describe in detail, including when you noticed this change:

_____

_____

To the best of your knowledge have you ever been abused?

Abuse	Please Explain
❑ Physically	
❑ Sexually	
❑ Emotionally	

BaMidbar Wilderness Therapy
Application for Admissions

Have you ever been arrested or faced charges for the following:

Behavior	# OF TIMES	WHAT AGE	# CITATIONS	# OF ARRESTS	Description
Tobacco Possession					
Alcohol Possession					
Drug Possession					
Drug Trafficking/Dealing					
Robbery/Burglary					
Shoplifting					
Car/Truck Theft					
Vandalism					
Arson					
Sex Offense					
Other					

Other/Additional information

Please provide any other pertinent information, and/or additional information not covered in this history that may assist us in developing a plan to help you.