



**BETTER MORNING'S -  
SHINE & THRIVE: A YOUTH SUMMER SERIES ON WELLNESS REFERRAL FORM**

Last Name:	First Name(s):	Gender:	
		<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
		<input type="checkbox"/> Female	
Date of Birth:	Social Security Number:	Insurance Information:	

Home Address:

Parent/Guardian Phone Number:

Youth Phone Number:

Emergency Contact Phone Number:

**Medical History:**

Does the youth have any allergies?

Does the youth have a diagnosed medical condition that staff need to be aware of?

Does the youth take any medication?

**Does the Youth have any of the following?**

Learning disabilities      If yes, please explain:

Physical disabilities      If yes, please explain:

Anxiety/phobia      If yes, please explain:

Mental health concerns      If yes, please explain:

Substance use concerns      If yes, please explain:

Suicidal Ideation/Homicidal Ideation/Self-harm/etc.      If yes, please explain:

Violent toward others      If yes, please explain:

Other      If yes, please explain:

**Goals for Youth attending the program?**

- 1)
- 2)
- 3)

**Please identify the week the Youth will be attending the program. Reminder, please only choose one:**

- Week 1 – July 7-11
- Week 2 – July 14-18
- Week 3 – July 21-25
- Week 4 – July 28-August 1
- Week 5 – August 4-8
- Week 6 – August 11-15
- Week 7 – August 18-22

**Would you be interested in attending a similar program throughout the year?**

- Yes
- No

**If yes, when?**

- Fall break
- Thanksgiving break
- Winter break
- Spring break
- Other:

Parent Signature:

Date:

Better Morning Signature:

Received and Entered Date: