NOVA PRTF Services
Admission Application Packet

Thank you for your interest in our PRTF Program! Our Admissions Specialists will work with you throughout the application and admissions process.

To complete an admission application for PRTF services, please submit the following documents:

- ☐ NOVA Admission Application (see below)
- ☐ Most recent psychological evaluation
- ☐ Most recent Person-Centered Plan (PCP)
- ☐ Most recent Comprehensive Clinical Assessment (CCA)
- ☐ School Records and IEP
- ☐ Documentation related to Juvenile Justice involvement, if applicable
- ☐ List of current medications
- ☐ Immunization records
- ☐ Discharge summaries from previous services

When this information has been gathered, please submit all documents to our Admissions Specialist. We prefer you to email all documents to the Admissions Specialist, but you may also mail or fax the admissions application packet.

NOVA PRTF Admissions
Email: admissions@novaprtf.com
Phone: (252) 233-0459 ext. 1216
Fax: (252) 233-0495

Attn: Admissions
2002 Shackleford Road
Kinston, NC 28504

Thanks again for your interest in the PRTF Program. We will contact you about your application as soon as possible!

NOVA PRTF Services
Admission Application

Patient Info:	**Referral Info:**
Name: _____	Referring Contact Name:_____
DOB: _____	Referral Date: _____
Sex: _____	Requested Services Start Date: _____
Managed Care Organization: _____	Referring Contact Email: _____
Height: _____ Weight: _____	Referring Contact Phone: _____

Reason For Referral / Presenting Problem:

Psychiatric Diagnoses:

Primary Concerns / Target Behaviors:

- ☐ Elopement
- ☐ Suicidality
- ☐ Non-suicidal self-harm
- ☐ Aggression
- ☐ Juvenile Justice / Criminal Charges
- ☐ Inappropriate Sexualized Behavior
- ☐ Property Destruction
- ☐ Substance Abuse
- ☐ Psychotic Behaviors
- ☐ Intellectual Disability

Please provide additional information about each primary concern, noting the frequency and severity of each concern.

Medical History

Please indicate all past and present medical conditions

- ☐ Anemia
- ☐ Migrains/Headaches
- ☐ Diabetes
- ☐ Other: _____
- ☐ Urinary/Bowl issues
- ☐ Asthma
- ☐ Seizures
- ☐ Other: _____
- ☐ Measles/Mumps
- ☐ Eczema
- ☐ Traumatic Brain Injury
- ☐ Other: _____

Date of Last Physical Exam: _____
Date of Last Dental Exam: _____
Date of Last Eye Exam: _____
Allergy List: _____
Dietary Consideration: _____

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Please list any other information that would be helpful to know

Thank you for your application to PRTF services!

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