

# IIBHT ENROLLMENT FORM PAGE 1 OF 2

V4 - Updated 10/29/2025

<b>Staff Name</b>		<b>Staff Email</b>	<b>Clinical Agency</b>
<b>County</b>		<b>CCO</b>	<b>Medicaid ID</b>
<b>Referral Date</b>			<b>Intake Date</b>
<b>YOUTH DEMOGRAPHIC INFORMATION</b>			
<b>Legal First Name</b> <b>Preferred First Name</b> <b>Last Name</b> <b>Date of Birth</b> <b>Youth Email Address</b> <b>Youth Phone Number</b> <b>Parent/Caregiver First Name</b> <b>Parent/Caregiver Last Name</b> <b>Parent/Guardian Email Address</b> <b>Parent/Guardian Phone Number</b>		<b>Race and Ethnicity</b> Central American Mexican South American Other Hispanic or Latino/a/x Chamoru (Chamorro) Marshallles Communities of the Micronesian Regions Native Hawaiian Samoan Other Pacific Islander Eastern European Slavic Western European Other White American Indian Alaska Native Canadian Inuit, Metis or First Nation Indigenous Mexican, Central American or South American African American Afro-Caribbean Ethiopian Somali Other African (Black) Other Black Middle Eastern North African Asian Indian Cambodian	<b>Race and Ethnicity cont.</b> Chinese Communities of Myanmar Filipino/a Hmong Japanese Korean Laotian South Asian Vietnamese Other Asian Other _____ Client unable to answer Client declined to answer Did not ask
<b>Sexual Orientation</b> Same-gender loving Same-sex loving Lesbian Gay Bisexual Pansexual Straight Asexual Queer Questioning Not listed Other _____ Client unable to answer Client declined to answer Did not ask	<b>Who is the legal guardian?</b> Biological parent Adoptive parent DHS guardian OYA guardian Self (18-20 year olds) Other _____ <b>Gender</b> Male Female Other _____ Client unable to answer Client declined to answer Did not ask <b>Has the youth ever been in foster care?</b> Yes; currently Yes; previously No Client unable to answer Client declined to answer Did not ask	<b>Primary language spoken in the home</b> <input type="radio"/> English <input type="radio"/> Spanish* <input type="radio"/> Chinese* <input type="radio"/> Vietnamese* <input type="radio"/> Russian* <input type="radio"/> Other* _____ <b>*If the primary language is not English, was the language need met at intake?</b> Yes No <b>ZIP Code:</b> _____	
<b>Does the youth have a known Intellectual or Developmental Disability?</b> Yes No Unable to determine			

QUESTIONS? [IIBHTinfo@ohsu.edu](mailto:IIBHTinfo@ohsu.edu)

Enrollment Data Upload: <https://octri.ohsu.edu/redcap/surveys/?s=3XM7T49TE9>

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REFERRAL INFORMATION AND PATIENT HISTORY		
<b>Referral Source</b> Acute inpatient Subacute Residential Partial hospitalization/day treatment Intensive outpatient Outpatient Wraparound IDD system JJ system DHS CCO Behavioral rehabilitation services (BRS) School ED/hospital/crisis center Mobile crisis intervention team MRSS Legal guardian Crisis line Other _____	<b>Diagnoses</b> Attention-Deficit/Hyperactivity Disorder (F90.0-F90.9) Generalized Anxiety Disorder (F41.1) Social Anxiety Disorder (F40.10) Separation Anxiety Disorder (F93.0) Major Depressive Disorder (F32.0-F33.9) Bipolar I/II Disorder (F31.0-31.9) Disruptive Mood Dysregulation Disorder (F34.81) Autism Spectrum Disorder (F84.0) Intellectual or Developmental Disorder (F70-F79) Specific Learning Disorder (F81.0-F81.81) Obsessive-Compulsive Disorder (F42.2) Adjustment Disorder (F43.20-F43.25) Oppositional Defiant Disorder (F91.3) Reactive Attachment Disorder (F94.1) Intermittent Explosive Disorder (F63.81) Parent-Child or Sibling Relational Problems (Z62.820-Z62.898) Posttraumatic Stress Disorder (F43.10) Schizophrenia and Other Psychotic Disorders (F20.81-F29) Alcohol Use Disorder (F10.10-F10.99) Cannabis Use Disorder (F12.10-F12.99) Other disorder (Specify) _____	<b>Living Arrangement</b> Behavior residential services (BRS) Detention/jail Developmental disability setting (group home/foster etc.) DHS foster home DHS temporary lodging/shelter Private residence (biological parents/legal guardians) Private residence (with relative/other adult) Psychiatric residential treatment facility (PRTF) Substance use residential facility Transient/homeless Not listed Client unable to answer Client declined to answer Did not ask
<b>In the last year, has the youth:</b>  Been admitted to an acute or subacute psychiatric inpatient hospital or residential program? Yes No Been to the emergency department for behavioral health reasons? Yes No	<b>Presenting Referral Issue(s)</b>  Youth and family are experiencing intensive mental health needs which lead to increased conflict and crisis in the home, school and or community Youth has a history of traumatic experiences that are impacting their ability to function in multiple domains Youth is at risk of psychiatric hospitalization or residential treatment due to intense behavioral health challenges Youth is at risk of losing their current living situation due to intense behavioral health challenges Youth is transferring back to their home or community from an out of home placement and increased services to support of their mental health are needed for successful transition Youth is at high risk of harm to themselves or others Youth requires an increased frequency and intensity of services and is exceeding what can be offered in the Outpatient level of care setting Other risk factors impacting the safety in the home or community _____	
<b>Does the youth have a trauma history?</b> Yes No Unknown		

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