PHYSICIAN RECOMMENDATION FORM

**Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of teen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Teen: \_\_\_\_\_ Last completed grade: \_\_\_\_\_\_\_**

**Attending Psychiatrist (name and city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attending counselor or psychologist (name and city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HOUSEHOLD INFORMATION

Who lives in the teen’s primary household? Please provide Name, Sex, Age, Occupation, and Relationship to teen.

Please list other people important to your child (parent, grandparent, sibling, others) who do not reside in the teen’s primary household.

**SOCIAL INFORMATION**

Where does teen attend school and describe the level of academic achievement. Does the teen have an IEP, is he/she enrolled in a curriculum based on intellectual or emotional disability?

Are there any custody issues?

Are any social agencies involved with the teen (CPS,)? Please list the name and address of any caseworkers:

Has the teen ever been arrested?

Has the teen been a victim of emotional, physical, or sexual abuse?

Has the teen been a perpetrator of physical or sexual abuse?

**HEALTH INFORMATION**

Name and Address of Family Physician or Pediatrician:

Allergies (medication, environmental):

List all prescribed medication doses and directions:

List all frequently used over the counter medications:

Name and address of Psychiatrist:

Name and address of therapist:

Please list all current and previous psychiatric diagnoses:

Please describe current problematic symptoms:

**Check if your child has ever had any of the following:**

\_\_Anxiety \_\_Oppositional Defiant Disorder \_\_Sleep Disorder (sleepwalking,

\_\_Panic Attacks \_\_Conduct Disorder night terrors)

\_\_OCD \_\_Severe physical aggression \_\_Eating Disorders

\_\_Depression \_\_Self-harming behaviors \_\_ Schizophrenia or Psychosis

\_\_Bipolar Disorder \_\_Autism Spectrum Disorder \_\_ADHD

\_\_Suicidal thoughts/attempts \_\_Other

Please explain any items checked above, if not described previously on this form:

**DRUG AND ALCOHOL HISTORY**

Does your teen use:

\_\_tobacco \_\_opiates (oxycontin, heroin) \_\_prescription pills

\_\_alcohol \_\_cocaine \_\_methamphetamine

\_\_marijuana \_\_hallucinogens \_\_other

Please explain any checked items:

Please list all current medical issues for which your child is being treated.

Check if your child has ever had any of the following:

\_\_Headaches \_\_Cancer or blood disorders \_\_Asthma

\_\_Seizures \_\_Diabetes \_\_Musculoskeletal Problems

\_\_Hypertension \_\_Inflammatory Bowel Disease \_\_Other

\_\_Hypotension \_\_Heart Problems

Please explain any checked items if not previously described on this form:

**DRUG AND ALCOHOL HISTORY**

Does your teen use:

\_\_tobacco \_\_opiates (oxycontin, heroin) \_\_prescription pills

\_\_alcohol \_\_cocaine \_\_methamphetamine

\_\_marijuana \_\_hallucinogens \_\_other

Please explain any checked items:

Has your teen ever been hospitalized for any reason? Explain:

**OTHER INFORMATION**

Check all problems/behaviors that apply to your teen:

\_\_Defiance \_\_Trauma \_\_Lack of motivation

\_\_Poor self-esteem \_\_Grief \_\_Other

\_\_Poor decision making \_\_Friendship problems

\_\_Internet/video game addiction \_\_Isolation

\_\_Disruptive at home \_\_Entitlement

\_\_Disruptive at school \_\_Anger issues

Please add anything else you feel is important for us to know about your child here:

**Professional Recommendation:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, M.D./D.O./MSW/\_\_\_\_ am a duly licensed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have examined and spoken with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within the past \_\_\_\_\_ months (Date last examined or corresponded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) and in my professional opinion, this individual should not be precluded from an experience at a ranch provided through Ben’s Ranch Foundation, Inc., (the “Experience”) based on his/her conditions to which I am aware and/or are listed on this form. I have reviewed the responses on this form and, to my knowledge, do not have any changes or additions to the information provided by the individual and/or the individual’s family/guardian. Further, I support participation by the teen in the Experience.

Professional's Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional's Occupation/Licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you very much for your inquiry and submission.**

We are here to serve people like you, and we hope we can be of service. We will review your information and stay in communication as we review your case and work to identify qualified host farm and ranch families across the country. Not all teens will be selected, due to careful medical screening criteria designed to safeguard our teen clientele and our host families.

*Please send your completed form AND the HIPAA Release form to Brose McVey  
at* [**bmcvey@BensRanch.org**](mailto:jsloan@BensRanch.org) o*r mail it to PO Box 3952, Carmel, IN 46082.*