**Therapeutic and Safety Issues**

Check and describe applicable issues (indicate current history of):

 inattention

 hyperactivity

 lack of concentration

 learning disabilities

 developmentally delayed

 cognitively challenged

 boundary issues

 social skills problems  problems with peers  separation anxiety

 anxiety

 phobias

 aggressive

 assaultive

 manipulative

 unpredicatable or dangerous behavior

 sensory impairment

 sensitivity, preferences

 tics or stereotypic behavior  psychosomatic symptoms  medical issues

 self-injurious behavior

 suicidal ideations

 history of runaway

 issues of parental support

 issues of family support

 sexual abuse/acting out

 history of physical abuse

 emotional abuse

 hallucinations

 delusions

 illusions

 dissociations

 substance abuse problems

 legal problems

 school problems

 history of animal abuse and/or

 seizure disorder

 possible medication side effects

 fire setting

Information Source

Date Form Completed

*Ideally this form is designed to be used in conjunction with the PATH Intl. Participant Medical History,*

*Physician’s Statement and Physician’s Release Statement.*

**PATH Intl. Standards for Certification & Accreditation**

**2018**