



## ADOLESCENT PARTIAL FAX REFERRAL FORM

**\*\*PLEASE CALL 781-924-8203 TO SCHEDULE AN APPOINTMENT AFTER FAXING THIS FORM\*\***

**\*\*ALL FIELDS MUST BE COMPLETED IN ORDER TO SCHEDULE AND INTAKE\*\***

The Adolescent Partial Hospitalization Program at Pembroke Hospital is a short-term (1-3 week) intensive group therapy program for adolescent's ages 13 to 18\* years old (so long as they are enrolled in school).

The program runs Monday – Friday from 9am to 2pm.

**Intake appointments can be scheduled in person or virtually.**

Pembroke's adolescent Partial Hospitalization Program (PHP) provides intensive group therapy, case management, psychiatric care, and family support

***Parents/guardians must be reachable in case of an emergency..***

**PLEASE CHECK ONE:** I WISH TO SCHEDULE INTAKE THROUGH  TELEHEALTH (ONLINE & IN REAL TIME)  IN PERSON

Completed forms can be faxed to 781-829-7162

DEMOGRAPHIC INFORMATION			
Patient's Name:		Date:	
DOB:	SSN:	Phone #:	
Primary Language:		Gender:	Age/Grade:
Address:		City:	State: Zip:
Guardian's name:		Relationship:	
Address:		City:	State: Zip:
Phone:		Email:	
Guardian's Primary Language:		If not, preferred language:	
Who to contact w/ appointment information (name/number):			
Legal Guardian (if different than custodial guardian):			
Phone:		Email:	
Does the individual have any of the following services? <input type="checkbox"/> DCF <input type="checkbox"/> DMH <input type="checkbox"/> DYS <input type="checkbox"/> DDS			
If so, please document names, roles, and contact number:			
INSURANCE INFORMATION			
Primary Insurance:		Policy #:	
Subscriber Name:		Relation/DOB:	
Secondary Insurance:		Policy #:	
Subscriber Name:		Relation/DOB:	
***INTAKE OFFICE USE ONLY***			
Insurance verified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Person:	
Initial Authorization#		Start Date:	End Date: Units:
Reviewer Name:		Reviewer Phone:	

CLINICAL INFORMATION	
(check all that apply) <b>Presenting Problem(s):</b> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Substance Use <input type="checkbox"/> Other	
Describe:	
(check all that apply) <b>Psychological Stressors:</b> <input type="checkbox"/> Social Environment <input type="checkbox"/> Educational <input type="checkbox"/> Housing <input type="checkbox"/> Economic <input type="checkbox"/> Legal <input type="checkbox"/> Primary Support/Family <input type="checkbox"/> Access to healthcare	
<b>Presenting Problem(s):</b>	
<b>Precipitants to Referral</b> (family, friends, school stressors? Recent upsetting events? High Risk factors?)	
<b>Current Medications and Doses:</b>	
Psychiatric Diagnosis:	
Medical Diagnosis:	
Accommodations Needed:	
Any Cognitive/Intellectual Disabilities?	Independent with Self-Care?
Is this a step down from inpatient?	Discharge Date:
PROVIDER INFORMATION	
<b>Therapist:</b> <input type="radio"/> yes <input type="radio"/> no	
Name:	
Phone number:	Fax number:
Address:	
<b>Med Prescriber:</b> yes or no (circle one)	
Name:	
Phone number:	Fax number:
Address:	
<b>PCP/Pediatrician:</b> <input type="radio"/> yes <input type="radio"/> no	
Name:	
Phone number:	Fax number:
Address:	
ADDITIONAL INFORMATION	
<b>School Presently Enrolled:</b>	
Address:	
Contact Person:	Phone number:
Email address:	
REFERRAL INFORMATION	
Name of referring agency/facility:	
How did you hear about Pembroke PHP?	
Contact Person:	Phone number:
Email address:	
***INTAKE OFFICE USE ONLY***	
<b>Call entered into MS4?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Person:</b>
<b>Intake Appointment Scheduled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Telehealth <input type="checkbox"/> In-Person
<b>Date:</b>	<input type="checkbox"/> 8 am <input type="checkbox"/> 9 am <input type="checkbox"/> 10 am <input type="checkbox"/> 11 am <input type="checkbox"/> 2 pm <input type="checkbox"/> 3 pm
<b>Reminder Calls</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	<b>Phone number:</b>