CADD Conroy Referral Form

UPMC | WESTERN PSYCHIATRIC HOSPITAL

3811 O'Hara Street
Pittsburgh, PA 15213

Date of Referral: **Eval Needed:** YES NO

DEMOGRAPHIC INFORMATION:

Patient Information

Name MRN#

Sex: M F Race: C AA Asian other Birth date: Age:

Address: Area/Neighborhood:

SS#

Work phone:

Home phone:

School: Grade: MR Spec. Ed. ES LS AS

Parent or Guardian Information

Name Relationship

Parent aware of referral? Yes No CYF involvement? Yes No

Referral Information

Name Title/Position

School District Name of school

Address: Telephone #

Last school psychological evaluation:

Insurance Information

Private: Yes No

Insurance name: Phone:

Name of insured: SS#

Relationship Employer

Policy# Group#

Medical Assistance: Yes No

Insurance name:

MA #

CLINICAL INFORMATION:

Most immediate problem/chief complaint:

Review of Systems/Risk Assessment (indicate current or history of):

Aggression: Not Present Verbal Physical/Fighting Use of Weapons Family Hx
Police Involvement Due to Aggresion Property Destruction
Explain/Other:

Environmental Risks: Not Present Unsafe Surroundings Unstable Situation Weapons Present
Explain/Other:

Impulsivity: Not Present Bolting Climbing Hiding
Explain/Other:

Substance Use/Abuse: Not Present ETOH THC Other
Explain/Other:

Suicidality: Not Present PDW Ideation Plan Gesture Attempt
Explain/Other:

SIB: Not Present Yes Hx
Explain/Other:

Homicidality: Not Present Ideation Plan Gesture Attempt
Explain/Other:

Psychosis: Not Present AH VH Delusions Paranoid Ideation
Explain/Other:

Abuse Hx: Not Present Physical Emotional Sexual Reported? Yes No
Explain/Other:

Mood: Not Present Depressed Irritable Euphoric Anhedonia Labile Neurovegetative
Explain/Other:

Anxiety: Not Present School Separation Social Obsessive-Compulsive
Explain/Other:

Relationship Problems: Not Present Family Adults Peers
Explain/Other:

ADHD: Not Present Inattentive Hyperactive Fidgety Impulsive Distractible
Explain/Other:

Oppositionality: Not Present Home School
Explain/Other:

Conduct: Not Present Stealing Fire Setting Animal Cruelty School Truancy Runaway
Legal Issues
Explain/Other:

Reason for Referral:

- Step-down from in-patient
- Hospital diversion
- Lack of improvement
- Multiple hospitalizations/ stabilization
- Crisis stabilization in current program
- Other

Diagnosis(es):

Please list **ALL** medications, vitamins, supplements or over the counter (OTC) drugs that your child is taking. If it is prescribed by a doctor, please include the MD name and a phone number.

Name	Dose	Time (s)	MD Name	MD Phone #

Pharmacy Name and Number:

PCP Information:

Name:

Address:

Phone:

Date of last physical:

Please list ALL other providers involved in your child's care:
(ie: Neurologist, Endocrinologist, Wraparound/BSC/TSS.MT, Family Based...)

Type of Service:	Contact Person:	Phone: