UPMC LIFE CHANGING MEDICINE

Child & Adolescent Acute Partial Hospital and Intensive Outpatient Services Referral Form

Preferred Site

☐ Wexford: 11279 Perry Highway, Suite 500, Wexford, PA 15090

☐ Pittsburgh (Southside) 1011 Bingham St. Pittsburgh, PA 15203

Phone: 412-246-6668 Fax: 412-235-5322
Email: Adol_PHP_IOP_Intake@upmc.edu

Please Note: Transportation is the responsibility of the caregiver.

Demographic Information: **DATE OF REFERRAL:** _____

Name _____

Birth date: _____ Age: _____ SS# _____-_____-_____

Address: _____

Telephone: (_____) _____ (_____) _____
Home Cell

School: _____ Grade: _____ ◯ Gifted ◯ ES ◯ LS ◉ Reg. Ed

Parent/Guardian Information:

Name_____ Relationship_____ Transportation: _____

Referral Source:

Name_____ Telephone #_____ Agency: _____

Insurance Information:

Insurance Name: _____

Policy#_____ Group#_____

Insurance Holder Information

Name:_____ **DOB:**_____ **SS#:**_____

Medical Assistance: Yes / No MA # _____

REASON FOR REFERRAL:_____

_____

GOAL FOR ADMISSION: _____

****Please complete all indicators below**

Aggression: ❑ Not Present ❑ Verbal ❑ Physical/Fighting ❑ Use of weapons ❑ Property Destruction

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 to CYF? Yes / No**

Explain/Other: _____

Mood: ❑ Not Present ❑ Depressed ❑ Irritable ❑ Anhedonia ❑ Labile

Explain/Other: _____

Anxiety: ❑Not Present ❑School ❑Separation ❑Social ❑Obsessive-Compulsive

Explain/Other: _____

ADHD: ❑ Not Present ❑ Inattentive ❑ Hyperactive ❑ Fidgety ❑ Impulsive ❑ Distractible

Explain/Other: _____

Conduct: ❑ Not Present ❑ Stealing ❑ Fire Setting ❑ Animal Cruelty ❑ School Truancy ❑ Runaway

Explain/Other: _____

ASD/Cognitive/Learning Functioning: ❑ Not present ❑ Learning D/O ❑ Nonverbal ❑ ASD/Asperger's/High Functioning Autism ❑ ID

Explain/Other: _____ **IQ Score**: _____

CURRENT DIAGNOSTIC IMPRESSION: (List Primary Diagnosis First)

Diagnosis: _____

***Note: exclusionary criteria includes: Primary dx of substance use disorder, easting disorder, conduct disorder, ODD, social phobia; IQ lower than 70; persistent, pervasive physical aggression in multiple settings, mandated treatment, untreated psychosis, lack of interest in group therapy*

MEDICAL: ❑ None ❑ Asthma ❑ Headaches/Migraines ❑ Allergies needing EpiPen ❑ Seizures ❑ Diabetes

Explain/Other: _____

Current Medication(s): _____

CURRENT OUTPATIENT PROVIDERS: _____

***It is the expectation that all patients referred to the program will return to their current treatment providers upon discharge*