



Adolescent Partial Hospitalization Program
105 Mary's Avenue, One North, Kingston, New York 12401
Telephone (845) 334-3110 Fax (845) 334-4972

REFERRAL FORM FOR ADOLESCENT PHP

The Adolescent Partial Hospitalization Program (APHP) is a voluntary, intensive, short-term multi-disciplinary psychiatric treatment program for adolescents. Individuals who are admitted must be at risk of psychiatric hospitalization or be transitioning from an inpatient stay to the community. APHP is designed in compliance with NYSOMH and JCAHO standards to provide alternative to inpatient treatment for persons with acute symptoms, meeting medical necessity criteria, who can be safely treated with less than 24 hours of daily care.

The major treatment focus is symptom reduction through medication management and the acquisition of coping skills through cognitive-behavioral group therapy. Dialectical Behavior Therapy is the main treatment modality. A psychiatrist directs the treatment team and mental health clinicians provide supportive individual therapy, group therapy, case management and advocacy. Family therapy is also offered in this program.

Please sign and date after checking off all boxes indicating verification that admission criteria has been satisfied prior to faxing referral and supporting documentation to PHP for review.

Name: _____ DOB: _____ SS#: _____

Address: _____, _____, _____, _____
PO or Street City State Zip Code

Telephone: _____ Cell: _____

Parent / Legal Guardian: _____, _____, _____
Name Relationship Telephone #

Outpatient Provider/Agency: _____

Referring Provider: _____ Telephone: _____

Current Medications: (If more than 10, attach copy of current MAR or Medication History sheet)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allergies: _____

Current Symptoms: _____

Patient's IQ (must be 70 or above): _____

An Axis I Psychiatric Disorder that is the major focus of treatment meeting medical necessity criteria and a GAF below 40.

DX: _____

Between the ages of 13 and 18, appropriate for the milieu and willing to attend: 8:30am to 2:00pm, Monday through Friday for a period of approximately three weeks. Child must be escorted by parent / legal guardian to intake appointment. Describe proposed plan of treatment: _____

Stable residence within safe daily commuting distance of APHP. Current Residence if other than own home:

LOS: _____

Access to reliable transportation and telephone communication: (own car, cab, bus, rural transportation)

Type of transportation to be used: _____

School Patient is Registered with: _____ Approve payment of tutor: _____

Verification of Medicaid or private insurance and access to medications necessary to treatment:

Insurance type: _____ Acct #: _____

Spoke with: _____ confirmed PHP coverage: _____

Remission of any substance abuse supported by toxicology reports, if available:

Date of last use: _____ Substance used: _____

No recent history of violence directed at others and a willingness to contract for safety and refrain from self-injurious Behavior. Comments: _____

Absence of any history of sexual aggression, victimizing or serious criminal behavior including domestic violence or stalking: Comments: _____

Supports: Family, Friends, AA, NA, and any other supports, please indicate: _____

Parent / Legal Guardian and adolescent have been informed that APHP is a voluntary program and that admission to APHP is not a pre-requisite for hospital discharge.

Comments: _____

Signature/Title: _____ Date: _____