



ADMISSION CRITERIA FOR PHP

The Partial Hospitalization Program (PHP) is a voluntary, intensive, short-term multi-disciplinary psychiatric treatment program for adults. Individuals who are admitted must be at risk of psychiatric hospitalization or be transitioning from an inpatient stay to the community. The PHP is designed in compliance with national A.A.B.H. standards and Federal Medicare regulations 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 and the acquisition of coping skills through cognitive-behavioral group therapy. Dialectical Behavior Therapy is the main treatment modality. A full time psychiatrist is on the treatment team and mental health clinicians provide supportive individual therapy, case management, and advocacy.

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 Zipcode

Telephone: _____ Cell: _____

Emergency Contact: _____, _____, _____
Name Relationship Telephone #

Outpatient Provider/Agency: _____

Referring Provider: _____ Telephone: _____

Current Psychiatrist: _____ Telephone: _____

Current Medications: (If more than 12, attach copy of current MAR or Medication History sheet)

Allergies: _____

Verification of MEDICAID or pre-certification for PRIVATE INSURANCE and access to medications necessary to treatment:

INSURANCE TYPE: _____ **ID #** _____

GRP# _____

Preauthorized: _____ Yes _____ No

AUTH# _____

(INPATIENT REFERRALS ONLY)

Current Symptoms: _____

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

At least 18 years of age, appropriate for the milieu and willing to attend: 9:30am to 3: 30pm, Monday through Friday for a period of approximately three weeks. Describe proposed plan of treatment: _____

Stable residence within safe daily commuting distance of PHP. 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: _____

Is the patient receiving public assistance? ___ YES ___ NO Applied? ___ YES ___ NO Date: _____

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, ICM, SCM and any other supports, please indicate: _____

Patient has been informed that PHP is a voluntary program and that admission to PHP is not a pre-requisite for hospital discharge. Comments: _____

Signature/Title: _____ / _____
Signature Print Name

Referring Facility _____ Telephone#: _____ Date: _____