

FAXING REFERRALS TO ADOLESCENT PHP

PLEASE MAKE SURE TO INCLUDE <u>ALL</u> OF THE FOLLOWING WHEN FAXING A REFERRAL PACKET TO THE ADOLSECENT PARTIAL HOSPITALIZATION PROGRAM.

- ____ Consent for Release of Information
- _____ PHP Referral Form completed
- ____ Demographic Sheet
- ____ Copy of Insurance Card --→<u>VERY IMPORTANT-</u> unable to review referral without this
- ____ Managed Care Log
- _____ Initial Assessment
- _____ History & Physical / Psychiatric Evaluation
- ____Consults, if any
- ____ Labs
- _____ Nursing Assessment
- ____ PPD Results
- _____ X-Rays and/or Diagnostic Test Results
- ____ Current Medication List
- _____ Social Service Assessment
- _____ Discharge Instructions (if patient is discharged same day as referral. Please make sure this is a legible copy)
- Last physical exam from PCP (including immunizations and history of drug / food allergies)
- _____ Psychological testing, if available