



Adolescent Partial Hospitalization and Intensive Outpatient Services

Preferred Site

<input type="checkbox"/> South Side 1011 Bingham Street, Pgh, PA 15203	<input type="checkbox"/> Wexford 11279 Perry Hwy, Wexford, PA 15090
---	--

Phone 412-235-5367 Fax 412-235-5322
 Email: Adol_PHP_IOP_Intake@upmc.edu

Demographic Information:

DATE OF REFERRAL: _____

Name _____ WPIC# _____

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: _____

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 VH Delusions Paranoid Ideation

Explain/Other: _____

Abuse hx: Not present Physical Emotional Sexual **Reported?** 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 Funct. Autism ID

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

CURRENT DIAGNOSIS

BEHAVIORAL:

MEDICAL: None Asthma Headaches/Migraines Allergies needing EpiPen Seizures

Explain/Other: _____

Current Medication(s): _____

CURRENT OUTPATIENT PROVIDERS: