



Adolescent Partial Hospitalization and Intensive Outpatient Services

Wexford 724-933-1000
 11279 Perry Hwy, Wexford, PA 15090

Preferred Required

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Preferred Required

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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: _____

Homicidalty: 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?** 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: