

Holyoke Medical Center PHP/IOP Referral Form

Call HMC PHP/IOP Intake Line with any questions: (413) 534-2627

Please fax to (413) 534-2659 with all clinical information (including Biopsychosocial, Hx and Physical, and Medication list).

Section I: DEMOGRAPHIC INFORMATION

Patient Name:

Patient's SSN:

Insurance Policy:

Sex: Male Female Non-binary

Age:

DOB:

Policy #:

Home Address:

Subscriber's Name (if not the pt):

Patient Phone #:

OK to leave a message?: No Yes

Relation to Pt & DOB:

Section II: PSYCHOSOCIAL/COLLATERAL INFORMATION

Employed: No Yes, Where & Frequency:

Legal Involvement: No Yes, Explain:

Emergency Contact:

Phone #:

Relationship to Pt:

Section III: MEDICAL/PSYCHIATRIC INFORMATION

Medical Problems (including Allergies): No Yes, Describe:

Medications Taken as Prescribed: No Yes - If No, Describe:

Primary Care Provider (Name and #):

Therapist (Name and #):

Prescriber (Name and #):

Section IV: SUBSTANCE USE AND COMPULSIVE BEHAVIORS

- Does the patient smoke or use other tobacco products? No Yes
- Has the patient ever thought or been told they have a gambling problem? No Yes
- Does the patient currently drink alcohol or use drugs? No Yes
 - State Type, Amount, Frequency, and Last Use of alcohol and/or substances:

Section V: RISK TO SELF AND OTHERS

Current Suicidal Ideation: No Yes, Explain:

Homicidal/Assaultive: PAST No Yes PRESENT/RECENT No Yes If Yes, Describe:

If yes to Suicidality or Homicidality, are firearms available to patient? No Yes; If yes, plan to remove access:

Inpt Psych Admit w/in past 7 days: No Yes. If yes, where and dates?

Section VI: DESCRIPTION OF PRESENTING PROBLEM

Diagnosis at Referral:

Referral Source Name:

Referral Source Phone #:

Date:

Time:

Section VII: DISPOSITION – PHP STAFF USE ONLY

PHP/IOP: Eval Date, Time:

with:

Needs Van Pickup: Yes No Where:

Reasons/Details for admission delays, non-admissions, alternate referrals, etc. (Sign and date additional update entries.)