Holyoke Medical Center PHP/IOP Referral Form

Call HMC PHP/IOP Intake Line with any questions: (413) 534-2653

Please fax to (413) 535-4719 with all clinical information (including Biopsychosocial, Hx and Physical, and Medication list).

Section I: DEMOGRAPHIC INFORMATION

Patient Name: **Patient's SSN:**

Sex: ☐ Male ☐ Female Non-binary **Age**: **DOB:**

Language spoken: _____

Home Address:

EMAIL

Patient Phone #: **OK to leave a message?:** ☐ No ☐ Yes

Insurance Policy:

Policy #:

Subscriber's Name (if not the pt):

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 #:** **Time:**

Section VII: DISPOSITION – PHP STAFF USE ONLY

PHP/IOP: Eval Date, Time: **with: Linda**

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