

ADULT COMMUTER PARTIAL FAX REFERRAL FORM

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Our Partial Hospital Program (PHP) is a short term (1-3 week) intensive group therapy program that runs Monday- Friday 9am to 3pm either **in-person or online through Telehealth** with lunch from 12PM to 1PM.

In-Person participants will attend groups and meet with a clinician and provider during that time. Intake appointments are at 9am. Patients should plan on staying the full 6 hours on their first day.

Telehealth allows individuals to get the services they need in the comfort of their home; sessions are **not** a recording or webinar, instead it is a session in real time, with real people.

PLEASE CHECK ONE: I WISH TO PARTICIPATE IN TREATMENT THROUGH **TELEHEALTH** (ONLINE & IN REAL TIME) **IN PERSON**

DEMOGRAPHIC INFORMATION			
Patient's Name:			Date:
DOB:	SSN:	Phone #:	
Primary Language:		Gender:	Marital Status:
Address:		City:	Zip:
Phone:		Email:	
INSURANCE INFORMATION			
Primary Insurance:		Policy #:	
Subscriber Name:		Relation/DOB:	
Secondary Insurance:		Policy #:	
Subscriber Name:		Relation/DOB:	
CLINICAL INFORMATION			
Presenting Problem(s):			
Accommodations Needed:			
Any Cognitive/Intellectual Disabilities?:			
Evaluation Date:		Is this a step down from inpt?:	
REFERRAL INFORMATION			
Name of referring agency/facility:			
How did you hear about Fuller PHP?:			
Contact Person:		Phone number:	
Email address:			
*** INTAKE OFFICE USE ONLY ***			
Call entered into MS4? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Person:	
Intake Appointment Scheduled <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Telehealth <input type="checkbox"/> In-Person	
Date:		<input type="checkbox"/> 9am <input type="checkbox"/> 9:30am <input type="checkbox"/> 10am <input type="checkbox"/> 12am <input type="checkbox"/> 1pm	
Reminder Calls <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		Phone number:	