

ADOLESCENT PARTIAL FAX REFERRAL FORM

FAX: 508-562-4554 **PHONE:** 508-838-2210 **EMAIL:** FULLERPARTIALPROGRAM@UHSINC.COM

The Inspire Program at Fuller Hospital is a short-term intensive group therapy program for adolescent's ages 12 to 18* years old (so long as they are enrolled in school).

The program runs Monday – Friday from 9am to 3pm **in-person** or **online through Telehealth**.

Fuller's adolescent **Partial Hospitalization Program (PHP)** provides intensive group therapy, case management, psychiatric care, and family support.

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 families 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**

COMPLETED FORMS CAN BE FAXED **508-562-4554** -OR- EMAILED **FULLERPARTIALPROGRAM@UHSINC.COM**

DEMOGRAPHIC INFORMATION			
Patient's Name:			Date:
DOB:	SSN:	Phone #:	
Primary Language:		Gender:	Age/Grade:
Address:		City:	State: Zip:
Guardian's name:		Relationship:	
Address:		City:	State: Zip:
Phone:		Email:	
Guardian's Primary Language:		If not, preferred language:	
Who to contact w/ appointment information (name/number):			
Legal Guardian (if different than custodial guardian):			
Phone:		Email:	
Does the individual have any of the following services? <input type="checkbox"/> DCF <input type="checkbox"/> DMH <input type="checkbox"/> DYS <input type="checkbox"/> DDS			
If so, please document names, roles, and contact number:			
INSURANCE INFORMATION			
Primary Insurance:		Policy #:	
Subscriber Name:		Relation/DOB:	
Secondary Insurance:		Policy #:	
Subscriber Name:		Relation/DOB:	
Insurance Authorization Number:			
INTAKE OFFICE USE ONLY			
Insurance verified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Person:	
Initial Authorization#		Start Date:	End Date: Units:

Reviewer Name:		Reviewer Phone:	
CLINICAL INFORMATION			
(check all that apply) Presenting Problem(s): <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Substance Use <input type="checkbox"/> Other			
Describe:			
(check all that apply) Psychological Stressors: <input type="checkbox"/> Social Environment <input type="checkbox"/> Educational <input type="checkbox"/> Housing <input type="checkbox"/> Economic <input type="checkbox"/> Legal <input type="checkbox"/> Primary Support/Family <input type="checkbox"/> Access to healthcare			
Reason for Referral:			
Precipitants to Referral (family, friends, school stressors? Recent upsetting events? High Risk factors?)			
Current Medications and Doses:			
Psychiatric Diagnosis:			
Medical Diagnosis:			
Accommodations Needed:			
Any Cognitive/Intellectual Disabilities?		Independent with Self-Care?	
Is this a step down from inpatient?		Discharge Date:	
PROVIDER INFORMATION			
Therapist: yes or no (circle one)			
Name:			
Phone number:		Fax number:	
Address:			
Med Prescriber: yes or no (circle one)			
Name:			
Phone number:		Fax number:	
Address:			
PCP/Pediatrician: yes or no (circle one)			
Name:			
Phone number:		Fax number:	
Address:			
ADDITIONAL INFORMATION			
School Presently Enrolled:			
Address:			
Contact Person:		Phone number:	
Email address:			
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"/> 1pm <input type="checkbox"/> 2pm <input type="checkbox"/> 3pm	
Reminder Calls <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		Phone number:	

