

## Adult Partial Hospitalization Program Referral Form

**Referral Source Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested Start Date for PHP: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Fax: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**Does Patient prefer virtual or hybrid?** \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (Street, City, State): \_\_\_\_\_

Insurance (please include policy #): \_\_\_\_\_

Recommended By: \_\_\_\_\_

**Precipitating Events (if any):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Presenting Issues and Current Symptoms:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Mental Status:**

Suicidal Thoughts? \_\_\_\_\_

Homicidal Thoughts? \_\_\_\_\_

Hallucinations/Delusions? \_\_\_\_\_

Paranoia? \_\_\_\_\_

Mood Swings? \_\_\_\_\_

**Current Providers (please list names of providers):**

Therapist: \_\_\_\_\_

Psychopharmacologist: \_\_\_\_\_

**Relevant Psychiatric History:**

Past Inpatient Hospitalizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Partial Programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of Suicidal Attempts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of Violence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substance Abuse History (drug of choice, onset, duration, last use, history of DT's or seizures):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chronic Medical Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Psych & Substance Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications (include dose & frequency):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have additional documentation such as Medical Records or Emergency Evaluations, please attach.

If you have any questions, please call the program at 978-354-4600.  
Please fax this form to 978-740-4849 or email it to [nsmcadultphp@partners.org](mailto:nsmcadultphp@partners.org)

See next page for directions for arriving at our program.

# Directions to Adult Partial Program

Follow the corridor to the windows.

At the windows take a right and follow the corridor down the ramp and then to the left.

You will see elevators to the right.

Take these elevators to the 6th floor.

Exit the elevator to the right and follow the corridor.

You will pass through a lobby with black and white tile floor. Please proceed straight to the end of the corridor.

At the end of the corridor take the elevator to the 7th floor.

## To exit:

Exit the elevator on 6th floor turn left and proceed to the main 6th floor corridor.

Follow it all the way to the end.

Take Davenport elevators to the 3rd floor.

Exit the elevators to the left and follow the corridor around the corner and up the ramp.

At the top of the ramp, turn left and follow the corridor to the exit.

## Cómo llegar a el Programa Parcial para Adultos

Siga el pasillo hasta las ventanas.

En las ventanas gire a la derecha y siga el pasillo por la rampa y luego a la izquierda.

verá ascensores a la derecha.

Tome estos ascensores hasta el piso 6.

Salga del ascensor a la derecha y siga el pasillo.

pasará por un vestíbulo con suelo de baldosas blancas y negras. Siga recto hasta el final del pasillo.

Al final del pasillo tome el ascensor hasta la planta 7.

## Para salir:

Salga del ascensor en el piso 6th, gire a la izquierda y siga hasta el corredor principal del piso 6.

Siga hasta el final.

Tome los ascensores Davenport hasta el piso 3.

Salga de los ascensores a la izquierda y siga el pasillo a la vuelta de la esquina y suba la rampa.

En la parte superior de la rampa, gire a la izquierda y siga el pasillo hasta la salida.