



**NSMC Adult Partial Hospitalization Program Referral Form**

**Referral Source Information:**

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

Referral Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_

**Patient Information:**

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

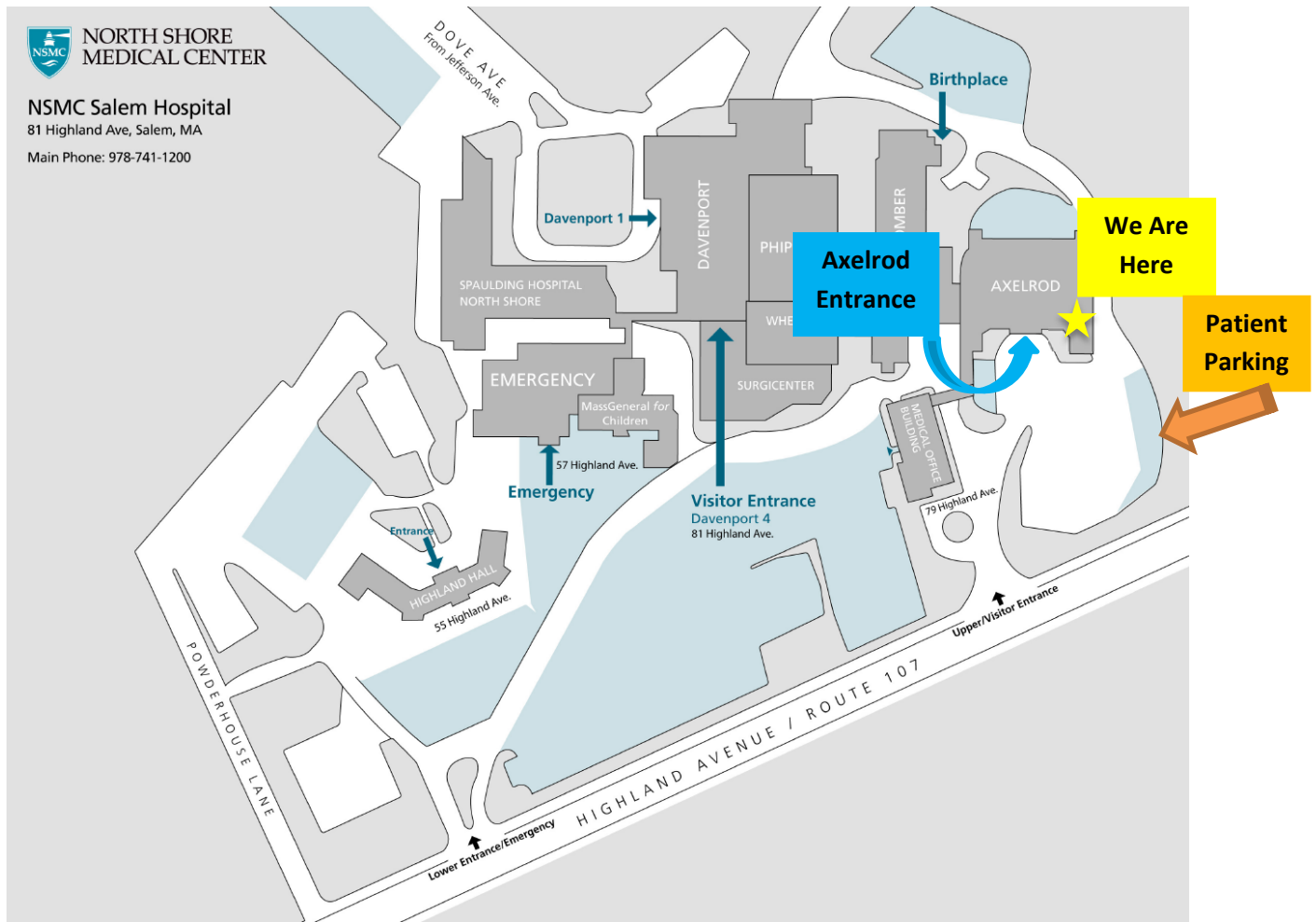
Current Psych & Substance Diagnosis:

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

Current Medications (include dose & frequency):

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

**If you have additional documentation, i.e Medical Records/ Emergency Evaluations, etc., 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)**



- ✓ Enter the hospital campus at the traffic lights on Highland Ave.
- ✓ Turn to the right toward the Axelrod Building
- ✓ Park in the parking lot to the right
- ✓ Enter the hospital through the Axelrod Entrance
- ✓ Once inside, go to your right and take the stairs or elevator up to the 7<sup>th</sup> floor
- ✓ We are the door on the right-hand side