

Staunton Clinic – Edgeworth Square

 111 Hazel Lane, Suite 300

 Sewickley, PA 15143

**STAUNTON CLINIC**

**Dialectical Behavioral Therapy Outpatient Program**

**Referral Form**

To Submit, please contact INTAKE Department

T: 412-749-7341 F: 412-749-6763

DATE OF REFERRAL:\_\_\_\_\_\_\_\_ Referral Source:\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT INFORMATION:

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE INFORMATION:

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

Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Approved: [ ]

Denied: [ ] (Does not meet criteria)

DIAGNOSES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATIONS:

1. 5)
2. 6)
3. 7)
4. 8)

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| CURRENT SYMPTOMS (circle all that apply): Depression Poor memory Homicidal  |   | Hyperactive  |
| Anxiety  | Poor concentration  | Suicidal acts  |   | Pressured Speech  |
| Guilt  | Anergia  | Self-harm  |   | Obsessions  |
| Hopelessness  | Anhedonia  | Hallucinations  |   | Compulsions  |
| Sleep difficulties  | Panic attacks  | Delusions  |   | Alcohol Abuse  |
| Appetite change  | Irritability  | Paranoia  |   | Drug abuse  |
| Weight loss/gain  | Agitation  | Hyperverbal  |   | Eating disorder behavior  |

PROGRAM REFERRAL (circle applicable group):

 1) Tuesdays 10:00am to 12:30pm 2) Tuesdays 2:00pm to 4:30pm 3) Wednesdays 2:00pm to 4:30pm