

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