

**Patient Information**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ NYPH MRN#: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Please Indicate Dominant Language:  English  Spanish  Other Language: \_\_\_\_\_

**\* INSURANCE TYPE & NUMBER MUST BE PROVIDED FOR REFERRAL TO BE PROCESSED**

Name of Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Patient ID # \_\_\_\_\_

**Referral Source- Contact information must be provided for referral to be processed**

Clinician: \_\_\_\_\_ Service: \_\_\_\_\_

Contact #: \_\_\_\_\_ Pager & Email Required: \_\_\_\_\_

***If patient is being referred from inpatient setting, please attach Admission note and last 3 progress notes.***

**Clinical Information / Reason for Referral:** \_\_\_\_\_

Does the patient have a history of psychiatric treatment?  Yes  No Location: \_\_\_\_\_

Psychiatric Hospitalizations?  Yes  No #Hospitalizations: \_\_\_\_\_ Last hospitalization: \_\_\_\_\_

Does the patient have any current or past safety issues?

None  Suicidal  Homicidal  Violent  Other safety or legal issues

If YES to any of these, please explain: \_\_\_\_\_

Current or past psychotic symptoms?  Auditory hallucinations  Visual hallucinations  Paranoia  Other

Please explain: \_\_\_\_\_

Current or past substance abuse or dependence?  Alcohol  Marijuana  Other illicit drugs

Please describe: \_\_\_\_\_

Medical Providers (e.g., PCP, OB/GYN): \_\_\_\_\_

What are the patient's current medical problems? \_\_\_\_\_

Is the patient pregnant or post partum? (if Yes, indicate delivery date): \_\_\_\_\_

Please list the patient's current psychiatric medications: \_\_\_\_\_

Name and contact info of clinician prescribing these: \_\_\_\_\_

**APC Tracking ONLY:**

Dates: Received: \_\_\_\_\_ Referrer contacted: \_\_\_\_\_ Patient contacted: \_\_\_\_\_

Is patient willing to learn about research options?  Yes  No

Triage priority: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_

OR Referred out to: \_\_\_\_\_ (give reason): \_\_\_\_\_