

Adolescent Intensive Outpatient Services

Staunton Clinic Edgeworth Square 111 Hazel Lane; Suite 300 Sewickley, PA 15143 Fax: 412-749-7339 Intake: 412-749-7341

Demographic Information:		DATE OF REFERRAL:					
Name		MR#_					
Birth date:	Age:	SS#_	-				
Address:							
Telephone: ()		()	ell		_		
School:		Grade:	Gifted	ES	LS	Reg. Ed	
Parent/Guardian Information:							
Name	Relationship_		Transportation: _				
Referral Source:							
Name	Telephone #		Agency:				

Insurance Information:

Insurance Name:			
Policy#		Group#	
Insurance Holder Inform	nation		
Name:		DOB:	SS#:
Medical Assistance:	Yes / No	MA #	
REASON FOR REFERR	RAL:		
		nysical/Fighting 🚨 Use of w	veapons ☐ Property Destruction
Substance use/abuse:	Not Present 🚨 ET	OH 🗖 THC 🗖 Other	
Explain/Other:			
Suicidality: ☐ Not Preser	nt 🖵 PDW 🖵 Idea	tion 🗖 Plan 🗖 Gesture	☐ Attempt
Explain/Other:			
SIB: □Not Present □ Ye	s 🗖 Hx		
Explain/Other:			
Homicidality: ☐ Not Pres	sent 🗖 Ideation 🗖	Plan ☐ Gesture ☐ Atten	npt
Explain/Other:			
Psychosis: ☐ Not Preser	nt 🗆 AH 🗀 VH 🗆	Delusions 🖵 Paranoid Ide	eation
Explain/Other:			
Abuse hx: ☐ Not present			Reported? Yes / No
Explain/Other:			
Mood: ☐ Not Present ☐	Depressed 🖵 Irrita	ible 🗖 Anhedonia 🗖 Lab	ile
Explain/Other:			
Anxiety: □Not Present □	⊒School	ion □Social □Obsessive	-Compulsive
Explain/Other:			
ADHD: ☐ Not Present ☐	Inattentive Hype	ractive 🛭 Fidgety 🗖 Imp	ulsive 🖵 Distractible
Explain/Other:			
Conduct: ☐ Not Present	☐ Stealing ☐ Fire	Setting Animal Cruelty	☐ School Truancy ☐ Runaway
Explain/Other:			
ASD/Cognitive/Learning I	Functioning: 🗖 Not	present ☐ Learning D/O ☐	Nonverbal ☐ ASD/Asperger's/High Functioning Autism
Explain/Other:			IQ Score:

CURRENT DIAGNOSIS BEHAVIORAL:

MEDICAL:	□ None □ Asthma □ Headaches/Migraines □ Allergies needing EpiPen □ Seizures						
Explain/Other:							
Current Medication(s):							
CURRENT (OUTPATIENT PROVIDERS:						