Staunton Clinic – Edgeworth
111 Hazel Lane, Suite 300
Sewickley , PA 15143

STAUNTON CLINIC
Adult Intensive Outpatient Program
Referral Form

To Submit, Please Call INTAKE at: **412-749-7341**
or Fax to: 412-749-7339

DATE OF REFERRAL:______________

REASON FOR REFERRAL:____

CLIENT INFORMATION:

Last Name:__________________ First:__________________

Address:____

City:______________________ State:_____Zip:__________

Phone: ____________________

Date of Birth:______________

REFERRAL SOURCE:

Name:___________________________________

Telephone:________________________________

Email:____________________________________

INSURANCE INFORMATION:

Policy Name:______________________________

Policy #:_________________________________

DIAGNOSES:____

MEDICATIONS:

1.____________________________ 3.:___________________________ 5.:_____________________________

2.:____________________________ 4.:___________________________ 6.:_____________________________

Prescriber:_____________________________

CURRENT SYMPTOMS (Please check each)

☐ Depression	☐ Poor memory	☐ Homicidal	☐ Hyperactive
☐ Anxiety	☐ Poor concentration	☐ Suicidal	☐ Pressured Speech
☐ Guilt	☐ Anergia	☐ Self-mutilation	☐ 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 behaviors

PROGRAM REFERRAL	LOCATION
☐ Edgeworth IOP	Sewickley

Current Therapist/Agency:

____

For Office Use Only:

Insurance Verified ☐ Records Received ☐

Auth Required ☐

Follow-up Appointments: Therapy___________________________

Psychiatry_________________________