Department of Psychiatry
Acute Partial Hospitalization Program

Ph: 617-506-4768 Fax: 617-474-3836

Carney Hospital
A STEWARD FAMILY HOSPITAL

**To participate, the individual must have an email address and access to smart phone, tablet, or computer and access to wifi or a data plan as well as a safe, private place to work.

Referral Form for Telehealth Services

Referral person:	Agency:	Phone/Ext:

Patient Information

Name:	DOB:
Living Situation:	
Address:	
Email:	Phone:

Diagnosis

Primary	
Secondary	

Substance Use: Indicate Use/Misuse/Dependence

Substances Used	Recent relapse Y/N

Treatment or Peer Support Services Used

Reasons for Referral

Outpatient Treaters

Provider	Agency	Phone
Med Mngmt:		
Therapy:		
PCP:		

Support services in place such as Intensive Case Mgr, CSP, Elder Services, DMH Case Mgr, VNA		
Name	Agency	Phone

Insurance

Type of Insurance:	Policy #

*Medication list and H&P should be faxed upon acceptance to program

Fax referral to Carney APHP program at 617-474-3836