

We will call you to schedule an intake assessment.

DeLano Outpatient Clinic
7895 Currier Drive
Portage, MI 49002
(269) 321.7090
(269) 321.7095 Fax

Adolescent Partial Hospitalization Program
1521 Gull Road
Kalamazoo, MI 49048
(269) 226.7421
(269) 226.7549 Fax

Borgess Behavioral Health-Inpatient Care
1521 Gull Road
Kalamazoo, MI 49048
(269) 321.8000 Information
(269) 226.4852 ER/PATH Referral

Referring Physician / Therapist		Today's Date
Contact Name	Phone	Fax
PCP (if different)		PCP Phone

PATIENT INFORMATION

Name (Last)	(First)	(M.I.)	Parent/Guardian Name, if applicable
Address			
City	State	ZIP	D.O.B.
Primary Phone Number		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age

INSURANCE INFORMATION

Insurance(s) to be billed	<input type="checkbox"/> Please provide photocopy of front and back of card		
Cardholder Name	Relation to Patient	Cardholder D.O.B.	
Cardholder Employer	Contact ID	Group Number	

CLINICAL INFORMATION

Symptoms <input type="checkbox"/> Abuse / Neglect <input type="checkbox"/> Aggression / Violence <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Delusions <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Disoriented/Confused <input type="checkbox"/> Eating Concerns <input type="checkbox"/> Educational Issues <input type="checkbox"/> Family Conflict <input type="checkbox"/> Homicidal <input type="checkbox"/> Hyperactivity (Impulsivity) <input type="checkbox"/> Legal <input type="checkbox"/> Paranoia <input type="checkbox"/> Psychosis (Hallucinations) <input type="checkbox"/> Obsessions / Compulsions <input type="checkbox"/> Self Injury <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____	Current Medication
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Diagnosis

Has the patient previously participated in therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
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Additional Concerns / Requests
