



## Adolescent Partial Hospitalization Program

Dutchess County: 205 South Avenue, Suite 105, Poughkeepsie, NY  
12601 Rockland County: 131 N Midland Avenue, Nyack, NY 10960  
[www.astorservices.org](http://www.astorservices.org)



The Adolescent Partial Hospitalization Program (PHP) is licensed by the NYS Office of Mental Health and provides intensive therapeutic treatment to youth ages 11 to 18. PHP is designed to maintain adolescents in the community and prevent unnecessary psychiatric inpatient hospitalization. APHP operates Monday through Friday from 8:30-3:30pm.

### **Please check the appropriate program**

- Rockland APHP – PHProckland@astorservices.org (845) 405-4146
- Dutchess APHP – PHPdutchess@astorservices.org (845) 554-1365

### **Please email the completed form to the appropriate program listed above.**

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Client Name:

DOB:

Parent/Guardian:

Parent/Guardian DOB:

Address:

Guardian Phone:

Email address:

Emergency Contact:

Guardian's Preferred Language:

Tobacco use status:

Demographics: Race

Ethnicity

Diagnosis:

Medications:

Insurance Company and ID:

### **Referent Name & Agency:**

Referent Phone:

Referral Date:

Referent Email:

Reason for referral: Please include symptoms and behaviors contributing to current risk for inpatient hospitalization or out of home placement:

**What change are you hoping to see by participating in PHP treatment:**

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Please select and describe crisis behaviors of concern occurring in the past two weeks:

<input checked="" type="checkbox"/>	<b>Behavior</b>	<b>Description</b>
	Suicidal thoughts and/or behaviors	
	Self-injuring behaviors	
	Other high risk behaviors (Ex: running away, aggression, inappropriate internet use)	
	Significant decline in functioning	
	Family conflict (including guardianship and custody)	
	Substance use	
	Other symptoms/behaviors	

**Behavioral Health and/or community services currently or recently utilized by client or family.**

Please select, indicate participants and describe

<input checked="" type="checkbox"/>	<b>Service</b>	<b>Description (name of organization/agency, provider, estimated dates etc.)</b>
	Inpatient Hospitalization	
	Home Based Crisis Intervention	
	Outpatient Counseling	
	Outpatient Psychiatry	
	Care Management	
	Intensive Services (CFTSS/HCBS)	
	School IEP or 504 plan services	
	CPS or Prevention Services	
	Other services	