



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



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.

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:

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

| ✓ | Behavior | Description |
|---|--|-------------|
| | 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

| ✓ | Service | Description (name of organization/agency, provider, estimated dates etc.) |
|---|---------------------------------|---|
| | 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 | |