



Adolescent Partial Hospitalization Program
131 N Midland Avenue, Nyack, NY 10960
(845) 405-4146 | RocklandPHP@astorservices.org
www.astorservices.org



Rockland PHP Referral Form

Astor is providing counseling services on a modified schedule. Services will provide intensive therapeutic treatment to youth ages 11 to 18 to maintain adolescents in the community and prevent psychiatric inpatient hospitalization.

Please email the completed form to RocklandPHP@astorservices.org

Client Name:

DOB:

Parent/Guardian:

DOB:

Address:

Primary phone:

Email address:

Secondary phone:

Diagnosis:

Medications:

Insurance:

Insurance ID #:

Referent Name/Agency:

Insurance Phone #:

Referent Telephone:

Referral Date:

Information about the reason for the referral, including symptoms/behaviors contributing to current risk for inpatient hospitalization or out of home placement:

Family's Identified concerns:

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	
	Significant decline in functioning	
	Family conflict	
	Other symptoms/ behaviors	
	Co-occurring mental health with substance use	

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	