

Patient Self-Referral to: Dedham Mental Health PHP:

(p) 617-676-3585

(Efax) 857-277-5923

Requested Start Date:

Patient Name: _____ Phone: _____ DOB: _____ Gender: _____

Address: _____

Primary Insurance: _____ Policy #: _____

Secondary Insurance: _____ Policy #: _____

Reason for wanting to attend PHP:

Relevant psychiatric or addiction history:

Recent Psychiatric inpatient hospitalization or Partial Hospitalization (within the past year):

Current Medication:

How did you hear about us?

Current living situation: _____

Able to commute to the program by: Car Public transport Other _____

Legal Issues? _____ Sex offender? Y or N _____ Eating D/O? _____

PCP: _____ Phone: _____

Therapist: _____ Phone: _____

Prescriber: _____ Phone: _____

Other _____ Phone: _____

1. Have you traveled outside of the United States in the past 3 months. If yes, where did you go?
2. Have you had a fever in the last 7 days?

You can fill this out and Efax it in at 857-233-0116 or call our intake coordinator at 617-676-3585 to complete this form over the phone