MetroWest Medical Center
Framingham Union Hospital • Leonard Morse Hospital

Partial Hospital Program (PHP)

67 Union St. Natick, MA 01760

Referral Form

Phone: 508-650-7337 Fax: 508-650-7818

Email: Megan.Cote@mwmc.com, Timothy.Otoo@mwmc.com

CLIENT INFORMATION			
Client Name:			Date:
DOB:	SSN#:	Client Phone #:	
Address:	City:		Zip Code:
Presenting Issue:			
Level of Care: MH ❑ DD ❑ ADOL ❑ Start Date:			
Currently Inpatient: ❑ Yes ❑ No If Yes, Unit:		Phone #:	D/C Date:
Mode of Transportation:	Emergency Contact Information:		

INSURANCE	
Insurance:	Policy #
Subscriber:	Policy Managed by:
Phone #:	Tufts Cap? ❑ Yes ❑ No

***INPATIENT and EMERGENCY SERVICES Please Try To Include Insurance Authorization**	
Authorization #:	Days Authorized:
Review Date:	Review with (name of ins. Reviewer):

REFERRAL SOURCE	
Referring Organization:	Referral Phone:
Contact Name:	Referral E-mail:

Provider/Agency		**Phone Number**
Psychiatrist		
Therapist		
PCP		
Suboxone/Methadone		
Case Manager		
Other		

Treatment Goals:

***All Referral Sources Attach the Following:**

❑ Face Sheet (with insurance information) ❑ Current Medication List
❑ Most Recent Assessment

Inpatient Programs Please Include

❑ History and Physical/Admission Note ❑ Recent MD Notes ❑ Social Work Assessment
❑ Discharge Information Discharge Date (if inpatient):

OFFICE USE ONLY	
Appt. Time & Date: **Reminder Call, Date:**	**Appt Kept:** ❑ Yes ❑ No, **Reschedule** ❑ Yes ❑ No If Yes, Date & Time: