

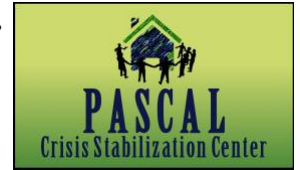


Robert A. Pascal Youth and Family Services, Inc.

Pascal Crisis Stabilization Center

43 Community Place, Crownsville, MD 21032

Phone: 410-571-4500 | Fax: 410-630-7700



Optum Maryland: 800-888-1965 | Provider NPI: 1548618374

Attending Physician: Nicholas Scotto, MD / Melissa Ward, CRNP, FNP-C, PMHNP-BC

Utilization Review: Melissa Brown

Intensive Outpatient Program Services (ASAM 2.1) Referral Application

Date of Application: _____

Referral Source

Name: _____ Title: _____

Organization: _____ Phone: _____

Address: _____ City/State/Zip: _____

Client Information

Name: _____ Age: _____ DOB: ____/____/____

Sex: Male Female SSN: ____-____-____ Photo ID? Yes No

Type of Insurance: _____ ID #: _____

Medical Information

Do you have any allergies? Yes No *If yes, please list below:*

<i>Allergy</i>	<i>Reaction (e.g. Hives, Swelling, Difficulty Breathing, etc.)</i>
_____	_____
_____	_____
_____	_____

Medical Conditions:

Primary Care Provider: _____ Phone: _____

Current Medications

<i>Medication Name</i>	<i>Dose</i>	<i>Route</i>	<i>Frequency</i>	<i>Prescriber Name</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Behavioral Health Information

DSM 5 Diagnosis: _____

Substance Use History:

<i>Substance Used</i>	<i>Length of Use</i>	<i>Route of Use</i>	<i>Amount Used</i>	<i>Last Use (Date/Time)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

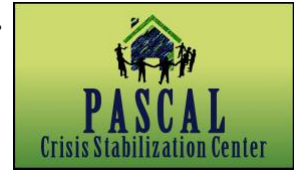


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Prior Overdoses? Yes No

If yes, How many: _____ Dates: _____

Prior Seizures? Yes No

If yes, How many: _____ Dates: _____

Prior Treatment (Inpatient and Outpatient):

Plan (ASAM Level):

Referral Source Signature

Date