Well Child Psychiatric NP/LCSW, PLLC
92 Broad Street
Glens Falls, NY 12801
P: (518) 480-4002
F: (518) 409-4916
Wellchild.info

Date: ___/___/___

Client Name: _____ **Client DOB:** ___/___/___

Primary Care Provider/Referring Provider: _____

Working Diagnoses:

_____

_____

Current Medication List:

_____

_____

Previous Medications trials and reason for discontinuation:

_____

_____

Current Concerns/ Reason for Referral:

_____

_____

Please circle which services you are seeking for your patient:

Medication Management Psychotherapy Occupational Therapy

Other Care Team Providers/ Specialists:

_____

_____

Safety Concerns (SI/HI, Anger, Aggression, NSSIB, etc):

_____

_____

History of Psychiatric Hospitalizations/Holds:

_____

_____

Additional Comments:

_____

_____

Please fax this completed form with records to Karen Villa at (518) 409-4916