



60 Granite St, Lynn MA 01904  
Referrals: 781-477-6938 | Manager: 781-477-6993

**Partial Hospitalization Program (PHP) Referral**

Email to: [BayridgePHP@lahey.org](mailto:BayridgePHP@lahey.org)

OR

Fax to 781-477-6949

We ask that the referral source call to confirm receipt of referral

**BayRidge Hospital PHP/IOP Referral Form**

Referral Source (CBHC, agency, hospital, etc):

Phone: E-Mail:

Date of Referral: Requested Start Date:

**Client Information**

Name:

EPIC MRN:

DOB:

Gender:

Address:

City:

Phone:

E-Mail:

**Insurance Information**

Primary Policy:

Policy #:

Secondary Policy:

Policy #:

**Clinical Information**

**Presenting Problem:**  Documented in EPIC (for referrals from within the BILH system only)

**ICD 10 diagnosis code(s) w/ description(s):**

**Risk Factors:**

- Suicidal Ideation
- Self-Injurious Behavior
- Homicidal Ideation
- Violent Behavior
- Trauma
- Medication Non-Compliance

Please describe:

\*For all referrals coming from providers outside the BILH system, please include face sheet, copy of insurance card, psychiatric evaluation, drug screen, medication list, list of providers, and any past psychiatric history. Please note, lack of this information may delay the scheduling of appointments\*