

CADD Conroy Summer Intensive Treatment Program Application

UPMC | WESTERN PSYCHIATRIC
HOSPITAL

3811 O'Hara Street
Pittsburgh, PA 15213

ESY

Partial

Date:

Name:

MRN #

Birth Date:

SS#

Age:

Residence:

Parents

Foster home

Group home

Other:

Parent/ Guardian:

Phone:

Address:

Cell:

Work:

Email:

In the event that you can not be reached please provide:

Emergency Contact:

Relationship:

Phone:

Who will be providing daily transportation to the program?
(School District or Family)

If transportation is through your School District, please provide:

Home School District Name:

Contact name:

Phone number:

Name of school your child attends:

Insurance Information: (Please list all policies that your child is covered under)

Private Insurance:

Policy #

Group #

If Private Insurance, who is the policy holder?

Medical Assistance:

ID # (10 digit)

Please list the most current diagnosis (if known):

Behavioral Health:

Medical Condition/Physical Health:

Please list **ALL** medications, vitamins, supplements or over the counter (OTC) drugs that your child is taking. If it is prescribed by a doctor, please include the MD name and a phone number.

Name	Dose	Time(s)	MD Name	MD Phone #
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Pharmacy Name and Number:

PCP Information:

Name:

Address:

Phone:

Date of last Physical:

Recent Surgeries:

Please list ALL other Providers involved in your Child's care:

(ie: Neurologist, Endocrinologist, Wraparound/BSC/TSS.MT, Family Based...)

Type of Service:

Contact Person:

Phone:

Please list your child's strengths:

Please comment on your child's behavior:

Current Behavioral Concerns: (Please describe and list frequency and duration of the behavior)

Non-compliance:

Tantrums:

Aggression (Verbal or Physical):

Self Injurious Behavior (SIB):

Bolting (will leave the requested area):

Ritualistic/Repetitive Behavior:

Mood Concerns:

Fears:

Other:

Please list two goals you would like your child to work on over the summer:

Is your child toilet trained? Yes No

If No, does your child have a toileting schedule/routine? Please describe:

How does your child communicate? (verbal, gestures, signs, pictures, communication device, etc.)
Please describe

Please describe eating habits/special diet:

Please list any allergies (seasonal/medication):

Additional information:

How did you hear about us?

Friend	Physician	Brochure
School	Website	All Abilities Camp Fair
Other		

RETURN APPLICATION TO:

CADD Conroy Summer Intensive Treatment Program
Pittsburgh Conroy School
1398 Page Street
Pittsburgh, PA 15233

Or email: priceaj@upmc.edu