



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