



101 Bellevue Road, Suite 001, Pittsburgh, PA 15229  
Phone: (412) 301-8232 Fax: (412) 301-8239

Please send all referrals to: [DA.ICMY@hsao.org](mailto:DA.ICMY@hsao.org)

#### Referral Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address, Suite #, City, State, Zip  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

#### Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Identified Gender: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Primary Ph#: \_\_\_\_\_ Can this number accept texts? ☐ Yes ☐ No  
Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Guardian's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address, Suite #, City, State, Zip  
US Citizen: ☐ Yes ☐ No If no, please indicate \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Does applicant have Medical Assistance? ☐ Yes ☐ No If yes, MA ID #: \_\_\_\_\_  
Other Medical Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

#### School Information

Current School: North Hills High School Grade/Placement Type: 9-12  
Contact Person Matthew Paris Phone# 412-318-1464

#### Medical History/Current Medical Status and Needs

#### Diagnostic Information

Primary Diagnosis  
ICD-10 CM Code \_\_\_\_\_ Date Diagnosed \_\_\_\_\_  
Secondary Diagnosis  
ICD-10 CM Code \_\_\_\_\_ Date Diagnosed \_\_\_\_\_  
Tertiary Diagnosis  
ICD-10 CM Code \_\_\_\_\_ Date Diagnosed \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date: \_\_\_\_\_



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