



**PSYCHIATRIC ADMIT NOTIFICATION INFORMATION
(For Individuals Under the Age of 21)
(Please fill out completely)**

Return to Telligen by FAX (866) 539-0365

Facility Contact: _____ NPI #: _____

Facility: _____

Participant's Name: _____ DOB: _____ M/F: _____

Participant's Address, County, Zip Code: _____

Participant Phone Number: _____ Medicaid #: _____

Admit Time/Date: _____ Urgent or Non-urgent Admit: _____

Participant's Grade In School _____ Participant's School: _____

Parent(s) or Guardian(s) Name(s) _____

Address (if different from above) _____

Phone (if different from above) _____

Custodial Parent Name, Address & Phone Number (if different from above):

Name of Person Consenting to Hospitalization _____

Relationship to Participant (address and phone number if different from above):

Admitting Physician's Name: _____

Admitting Physician's Address and Phone Number:

Name, Address and Phone Number of Primary Care Physician (if different from above):

Member of Healthy Connections: Yes _____ No _____

Health Connection Referral: Yes _____ No _____

Diagnosis and Codes:

