

Human Services, Inc.  
50 James Buchanan Dr.  
Thorndale, PA 19372  
P: 610-873-1010 F: 610-873-3317



Intake Contact:  
intake@hsi-cmhs.org

610-873-1010 x165

### Transfer of Care from Hospital or In Patient Facility

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date admitted \_\_\_\_\_ Discharge Date \_\_\_\_\_

BH/MH Diagnosis(s) \_\_\_\_\_

Medical Diagnosis(s) \_\_\_\_\_

Medications being discharged on

Name	Dosing Instructions	Qty given

Please Email/Fax Copy of any Psych Evaluations performed while in your care

**This form MUST be fully completed and submitted with completed referral form. Intake appointments will not be scheduled without this information.**

Please be advised: Form must be completed in its entirety. Incomplete forms will be returned.