

## Discovery Day Treatment Referral Form

### Referral Instructions:

After submitting this form, please call Central Intake at **(617) 847-1914** to verify insurance eligibility and register the client into our electronic records system. **HOSPITALS AND PARTIAL PROGRAMS:** Please fax the admission and/or discharge summary as well as an updated medication list to: **(781) 843-2460**.

### Client Information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
☐ Male ☐ Female ☐ Transgender ☐ Nonbinary Pronouns: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Insurance Information

**\*\*Mass Health required. Discovery does not accept 3<sup>rd</sup> party insurance or Medicare alone.\*\***

☐ MBHP ☐ Medicaid/Medicare ☐ Commonwealth/CCA  
☐ BMC ☐ NHP ☐ Tufts (Network Health)

Mass Health ID#: \_\_\_\_\_

### Referral Information

Referred by: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is the client their own guardian? ☐ Yes ☐ No **If no, please complete the following section**

Guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the client need Mass Health PT1 Transportation? ☐ Yes ☐ No

Client's Motivation for Day Treatment: ☐ High ☐ Moderate ☐ Ambivalent

### Client's current living situation:

☐ Independent/Alone ☐ Residential facility ☐ With family ☐ Supported Housing  
☐ With roommate(s) ☐ Other (specify): \_\_\_\_\_

### Treatment Team (At least one clinical provider or collateral contact required):

Therapist: _____	Phone: _____
Prescriber: _____	Phone: _____
DMH/ACCS Case Management: _____	Phone: _____
Primary Care Physician: _____	Phone: _____
Visiting Nurse: _____	Phone: _____
Other: _____	Phone: _____

## Discovery Day Treatment Referral Form

**DSM V Diagnosis:**

**Current presenting problem(s):** *\*Discovery is primarily a mental health treatment program and has limited dual dx groups. If substance use is a current problem, please indicate length of sobriety and motivation for recovery\**  
[Click or tap here to enter text.](#)

**Medical problems, including allergies:** \_\_\_\_\_

**Goals for treatment:** \_\_\_\_\_

**Risk Assessment:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Suicidal          | <input type="checkbox"/> Medical Risks             | <input type="checkbox"/> Poor Judgment/Insight             |
| <input type="checkbox"/> Legal Involvement | <input type="checkbox"/> Physical Aggression       | <input type="checkbox"/> Substance Abuse High Relapse Risk |
| <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Impulsive/Risky Behaviors | <input type="checkbox"/> DCF Involvement                   |
| <input type="checkbox"/> Psychosis         | <input type="checkbox"/> Trauma/Abuse Survivor     | <input type="checkbox"/> Medication Noncompliance          |
| <input type="checkbox"/> Homicidal         | <input type="checkbox"/> Homeless/Unstable Housing | <input type="checkbox"/> Recent Significant Loss           |
| <input type="checkbox"/> Other: _____      |  |  |

Please submit all referrals to:  
**Christine DiPaolo**  
**Program Director**  
**Discovery Day Treatment**  
**1501 Washington St.**  
**Braintree, MA 02184**  
**Phone: (617) 769-7202**  
**Email: [cdipaolo@aspirehealthalliance.org](mailto:cdipaolo@aspirehealthalliance.org)**  
**Fax: (781) 843-2460**

## Discovery Day Treatment Referral Form

### About Discovery Day Treatment

Discovery Day Treatment offers group and milieu therapy for adults who wish to establish daily structure, meaning, connection, and purpose in their lives. Our goal is to provide our diverse population with a supportive and therapeutic environment in which members can achieve their goals and live as independently as possible in the community.

Discovery is designed for adults (ages 18 and over) with mood, anxiety, personality, and thought disorders, as well as co-existing substance use problems. It is appropriate as a step-down from inpatient hospitalization or acute partial hospitalization. Day treatment may also help members prevent or decrease inpatient admissions.

We offer over 50 unique therapeutic groups, including CBT, DBT, Expressive Therapy, Social Skills Training, Dual Recovery, Psychoeducation, Yoga and Meditation. Our multi-disciplinary team works closely with outpatient providers to ensure continuity of care. *Please note that Discovery does not have medical staff on site and does not provide medication management.*

Discovery is not a short-term program or a clubhouse. Members must identify treatment goals and attend consistently in order to remain eligible. For the sake of successful stabilization and community-building, we require clients to attend the program a **minimum of three full days per week (9:00 am – 2:30 pm) for at least 12 weeks**. DMH eligibility is not required for admission.