

Initial Hospitalization Authorization Form for Youth (under age 18 year)

Form must be faxed to MHRB: (513) 695-1776

Questions? Call Amanda Peterson, Deputy Director at 513-695-1695

Date: _____ Location of Crisis Service: _____

Patient's name: _____

Address: _____

SS#: _____ DOB: _____

Name and Contact information of Parent/Guardian: _____

Is the patient uninsured? Yes No

Has the patient been receiving outpatient behavioral health services? Yes No

If yes, the last date services were received: _____

Name of agency, case manager and psychiatrist:

Reason for admission to hospital? (include dates, identifying data, pertinent past history - med, psych & CD):

Current condition/MSE:

