

INPATIENT /OUTPATIENT GERIATRIC PSYCHIATRY SERVICES REFERRAL REQUEST

REFERRAL INFORMATION

Date: _____ Inpatient _____ Outpatient _____ If Outpatient, select one/both: _____ Evaluation/Medication Management
 Therapy Services

Referral Source: _____ Relationship to Patient: _____

Referring Facility: _____

Phone: _____ Fax: _____

DEMOGRAPHIC INFORMATION

Patient Name: _____ Gender: _____ Age: _____ DOB: _____

Address: _____ Phone: _____

Primary Insurance*: _____ ID #: _____

Secondary Insurance*: _____ ID #: _____

*IMPORTANT: Please include copies of insurance cards

Contact Person: _____ Phone: _____

PRESENTING PROBLEM AND REASON FOR REQUEST

Presenting Problem: _____

PSYCHIATRIC HISTORY

Psychiatric Diagnosis: _____

Recent Delirium: Y____ N____ Dementia: Y____ N____

Is patient a harm to self or others? _____ If yes, explain:

MEDICAL HISTORY

Name of PCP:

Date of Last Exam:

Current Medical Issues:

UTI

URI

Constipation

MRSA/Isolation

Notes: _____

ADDITIONAL INFORMATION

Voluntary Status: Y____ N____

Healthcare DPOA: Y____ N____

Guardian: Y____ N____

Name of DPOA or Guardian (if applicable):

Phone:

Does patient have a Living Will: Y____ N____

Does patient have a DNR order? Y____ N____

If patient is not of voluntary legal status **and** you answered YES to any questions above, please fax appropriate DPOA or Guardianship paperwork with this request.

If coming from **home**, can patient return home at discharge? Y____ N____

If NO, what is post-admission disposition plan?

If coming from a **hospital**, what is post-admission disposition plan?

If referred by a **Nursing Home/LTC facility**, will patient be accepted back upon discharge: Y____ N____

If NO, please indicate rationale and post-admission disposition:

Please FAX **all** of the following information to 603-335-8199. ** Missing information will delay the admission process**

- Psychiatric Evaluation
- Face Sheet
- Medication List
- DPOA/Guardian Papers
- Current Labs
- Progress Notes
- Copies of Insurance Cards
- DNR/Living Will