

Partners in Recovery

Site Referral To Urgent Psychiatric Care

Consumer & Site Information

Consumer Name: _____ DOB: _____
Site: _____ Contact Person: _____ Phone No: _____ Fax No.: _____
Significant other/involved family member _____ Phone No: _____
See Attached Consumer Face Sheet for Additional Details

Legal Status

(Circle): Vol COE COT Guardian DDD ALTCS Other: _____
See Attached Applicable Documents (Where Indicated)

Relevant Medication, Medical History and Health Plan Information

Does the person have Medicare or private insurance? If so, please list the plan and the team's efforts to locate treatment through the health plan: _____
DSM Diagnosis: _____ Drug Allergies: _____
Pertinent Medical Issues: _____
See Attached Last Behavioral Health Medical Practitioner (BHMP) Note, Last Psychiatric Evaluation, Last Three Med Flow Sheets

Current Symptoms and Recommended Treatment

Reason for Referral (Circle): DTO/DTS Assessment Acute Decompensation Court Ordered Medication
Other: _____

Current Symptoms:

Relevant Stressors/Precipitants:

How Consumer Presents When Doing Well:

Site Recommended UPC/PRC-West Interventions:

Clinical Team Follow-up

Discharge Plan from Urgent Care Center (Circle): Return Home D/C to Site in AM CIMS/Home-
Stabilization Team Wellness Checks Home Visits Housing List Shelter Referral
Amend COT Guardian Payee Education VR ACT Increased CM Contact
Decanoate Wkly Blood Draws CD Tx DBT OP Counseling
Other: _____

BHMP Credentials/Signature/Date/Time

Clinical Director Credentials/Signature/Date/Time