

GSRMC PHP REFERRAL FORM

Referral Source	
Name:	
Agency:	
Phone:	
Date of Referral:	

Client Information	
Name:	
MRN:	
DOB:	
Address:	
City, State, Zip:	
Phone:	
Current County of Residency:	

Insurance Information	
Primary Insurance	
Policy #	
Secondary Insurance	
Policy #	
No Insurance:	<input type="checkbox"/> Yes

Care Providers	
PCP:	
Phone:	
Fax:	
Therapist:	
Phone:	
Fax:	
Prescriber:	
Phone:	
Fax:	

Current Medications	
Include medications, dose & frequency	

Current Living Situation	
Homeless?	
Lives alone?	
Lives with family/support system?	
Other?	

Can patient's support system adequately monitor patient's condition when they are away from program?	

Barriers to Attendance	
Do they have transportation to the program?	
Willing to participate in tx voluntarily?	
Recent attempt or current plan to harm self/ others?	
Able to cognitively and emotionally participate in an intense, active treatment process?	

Step down from IPMH <input type="checkbox"/> Yes
Discharge Date:

Current/Past Psychiatric History	
Psychiatric History/DX	

Safety Risks/Special Concerns	
<input type="checkbox"/> Suicidal Ideations	
<input type="checkbox"/> Self-Injurious Behaviors	
<input type="checkbox"/> Homicidal Ideation	
<input type="checkbox"/> Violent Behavior	
<input type="checkbox"/> Trauma	
<input type="checkbox"/> Medication Non-Compliance	

<input type="checkbox"/> Referral must be accompanied by a current clinical summary.
<input type="checkbox"/> Referral must either have an attached medication flow sheet or the completed medication list above.
<input type="checkbox"/> It is the expectation that all patients referred to PHP will require a follow up appointment with their current treatment provider upon discharge from PHP.
<input type="checkbox"/> The PHP is currently accepting referrals from providers with the following qualifications: MD/DO, PA, ARNP, PhD in psychology, PsyD, LCSW, LPC, and LMFT.
<input type="checkbox"/> A physical exam is required within the prior 30 days for admission.

If you have access to orders in Epic, a consultation may be ordered directly under PHP.
All other providers may complete this form and fax it to (541) 768-6190