WEST SPRINGS *hospital*
Psychiatric Care & Recovery

REFERRAL REQUEST

Date: _____ **Time:** _____

1. **Name of Patient:** _____ **DOB:** _____ **Age:** _____

Parent/Guardian: _____ **PHONE #** _____

Status: ☐ M1 Date: Time: ☐ M8 ☐ M9 ☐ Vol ☐ Detainer

Gender Identity: ☐ Male ☐ Female ☐ Other:

2. **Precipitating event:** _____

_____

_____

3. **Psychiatric Disorder to be treated:** Ex.: Psychosis, Schizophrenia, Severe Depression, ETC.

_____

_____

4. **Appearance:** _____

5. **Psychiatric Presentation for Hospitalization:** Ex.: Suicidal, Homicidal, Grave Disability, ETC. (Explain)

_____

_____

6. **Medical Concerns: Acute or Chronic:** Ex.: Pregnant, Seizures, Diabetes, CHF, COPD, ETC.

_____

Current Prescribed medications: _____

_____

Medication Compliant: ☐ Yes ☐ No **Pharmacy:** _____

Allergies: _____

7. **Does patient require:** Cardiac or EEG monitoring, NG Tube, O2, CNA for assistance or any other nursing interventions: ☐ Yes ☐ No If yes, explain: _____

_____

8. **Violent Behaviors Exhibited:** ☐ Yes ☐ No If yes, explain: _____

_____

Referral Source – Organization Name: _____

Referral Source Contact Person: _____

Contact Phone Number: _____

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REFERRAL – CONDITION OF PATIENT

Current Symptoms			
Symptom	**Yes**	**No**	**If Yes, Explain**
Pain			
Shortness of breath			
Hot/Cold discomfort			
Open/weeping sores			
Dizziness/Balance issues			
Weakness			
Nausea/Vomiting			
Diarrhea			
Blood in Sputum, Urine, or Stool			
Ostomy Care/Dialysis			
Urinary or Bowel Incontinence			
Current Care Needs			
Condition	**Yes**	**No**	**If Yes, Explain**
Is patient able to ambulate?			
Is patient able to perform ADLs?			
Is patient receiving IV therapy?			
Does patient have a Foley catheter?			
Does patient have any wounds?			
Does patient have special dietary needs?			
Does patient have special needs?			
Past History			
Condition	**Yes**	**No**	**If Yes, Explain**
Tuberculosis			
HIV/Hepatitis Positive			
Urinary/Bowel Issues			
Head injury			
Loss of Consciousness			
Seizures			

ADMISSIONS PHONE: 970-201-4299

ADMISSIONS FAX: 970-683-7279