

Concerning Behaviors/precipitating events (why are you referring at this time?): _____

Recommendations/goals for program: _____

Past Psychiatric Evaluations (include date/location of inpatient treatment, day hospital, psychological/ or neuropsych testing):

Current Medical History: _____

Past Medical History: _____

Developmental History (indicate developmental delays, PDD, autism, mental retardation, speech and language): _____

Family History (include family history of mental illness): _____

Social History (include living situation, i.e. siblings, relatives, peer interactions): _____

Current Medications:

(Circle appropriate response)

Medication	Dose	Frequency	Response	Compliant?
			Good Fair Poor	Yes or No
			Good Fair Poor	Yes or No
			Good Fair Poor	Yes or No
			Good Fair Poor	Yes or No
			Good Fair Poor	Yes or No

Past Medications:

(Circle appropriate response)

Medication	Dose	Frequency	Response	Compliant?
			Good Fair Poor	Yes or No
			Good Fair Poor	Yes or No
			Good Fair Poor	Yes or No
			Good Fair Poor	Yes or No

**CLINICAL INDICATORS JUSTIFYING SERVICE REQUEST
FOR MEDICAL ASSISTANCE/APS PATIENTS ONLY**

COMPLETION OF THE BELOW PORTION IS **REQUIRED ONLY FOR PATIENTS WHO ARE RECIPIENTS OF MEDICAL ASSISTANCE.** IT IS USED TO EXPEDITE THE APS REVIEW PROCESS.

(PLEASE CIRCLE THE CLINICAL INDICATORS TO JUSTIFY PARTIAL HOSPITALIZATION.)

SYMPTOMS	INDICATE CURRENT SEVERITY				INDICATE HISTORY OF SEVERITY			
<i>Risk/Danger to Self/Others</i>								
	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Assaultive	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Aggressive	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Fire Setting	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Homicidal Attempt	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Homicidal Ideation	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Self Care Deficit	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Self Injurious Behavior	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Sexual Abuse Perpetrator	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Suicide Attempt	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Suicidal Ideation	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Use of Weapons	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Anxiety	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Attachment Problems	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Depressed Mood	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Dissociative Symptoms	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Hopeless/Helpless	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Hyperactive	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Impulsive	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Insomnia	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Irritable	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Lying/Manipulative	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Obsessions/Compulsions	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Phobias	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Property Destruction	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Racing Thoughts	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Running Away	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Sexually Inappropriate Behavior	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Social Withdrawal	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Trauma-Related Symptoms	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Verbal Aggression	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
<i>Thought, Attention, and Cognition</i>								
Decreased Concentration	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Disorganized Thinking	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Hallucinations	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Paranoid	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Poor Judgment	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Thought Disorder	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
<i>Drugs and Alcohol</i>								
Alcohol Use/Abuse	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.
Illicit Drug Use/Abuse	None/NA	Mild	Moderate	Severe	1x only	< 7 days	8-90 days	1-12 mos.

REFERRAL CHECKLIST

PEDIATRIC PSYCHIATRY DAY PROGRAM at MT. WASHINGTON PEDIATRIC HOSPITAL
Phone: 410-578-2602 Fax:410-578-5278

Patient Name: _____ DOB: _____

Referring provider: To expedite the referral process and ensure that adequate information is provided for insurance authorization, please fax the available/applicable information with the referral form:

_____ Intake History

_____ Physician Intake/Physical Exam

_____ Nursing History and Nursing History Addendum

_____ Primary Therapist Progress Notes

_____ Neuropsychological and/or Psychological testing or evaluations

_____ Occupational Therapy assessments and /or evaluations

_____ EKG

_____ Labs

_____ Interim Discharge Summary (if referred after an inpatient hospitalization)

β β Please indicate the reason(s) if any of the above information is not available.