

Form 1 Referrals to C6

Referral Received By: _____ Date/Time: _____

Sending Facility: _____ Patient Name: _____

- ER face sheet (demographics, presenting issues, vital signs)
- Form 1- ensure form is correctly filled out, demographics, criteria (box A), signed and dated.
- Labs- CBC, Glucose, AST, ALT, ALP, Bili, GGT, Na, K, Cl, BUN, creatinine, TSH and ETOH level.
- BHCG for females 12-55
- Medical clearance form
- Crisis assessment Risk screening tool- may only be available during regular hours. Absence of this documentation is not grounds to defer the admission.

Once all info is received and reviewed by charge nurse, contact psych hospitalist and review the patient including any concerns ie. Abnormal blood work, elevated alcohol level etc.

Once the physician accepts the referral, the nurse will inform the referring facility and advise them to make arrangements for transport.

The charge nurse will then notify admitting with patient's demographics, admitting dx, assigned bed and form status.

Hospitalist Dr: _____ Contacted at: _____ Accepted at: _____

Hospitalist Dr. _____