

ADULT PSYCHIATRY INPATIENT DIRECT ADMISSION REFERRAL FORM

In an effort to streamline the admission process to our adult inpatient psychiatric unit, we have developed a collaborative system between the referring facility, the primary care physician, and the attending psychiatrist. This process will be used for medically stable patients with primary psychiatric/behavioral issues, with no presenting medical issues that would require a medical evaluation in the Emergency Department.

Check list (all must be checked):

- Ages 18-55 (ages 55-65 will be reviewed on a case-by-case basis)
- Meets admission criteria (see back of form)
- The proposed patient must be able to participate in programming (seven groups per day during the week and five groups per day on the weekends), be ambulatory and independent in activities of daily living.
- Patient/Family/POA/Guardian must consent to the admission
- The referring facility and/or family is committed to reaccepting the patient upon discharge and is part of the treatment planning process.

Procedure:

- Contact the Direct Line **844-556-2012**
- Fax the following (if available) to **855-900-3378**
 - This referral form
 - Labs if indicated (medical complications)
 - Medication list

Caller: _____ Agency: _____ Phone: _____

TMCA ARC Staff: _____ Date/Time _____

Physician Reviewed (name and initials): _____ Date/Time _____

Admission Criteria

- Must be at least 18 years old and a legal adult to be eligible for admission
- Recent suicide attempt
- Suicidal thoughts with intent
- Self-harm behavior
- Homicidal thoughts
- Symptoms causing disordered, strange, or agitated behavior
- Acute changes in mood, behavior, or memory
- Symptoms causing lack of capacity to care for self (including impaired social, family, educational, or vocational functioning)
- Confusion or memory impairment causing disruption in daily living
- Medication stabilization requiring inpatient care for safe monitoring
- Symptom acuity increase that has not been alleviated with medication management or therapeutic treatment on an outpatient, IOP, or PHP level
- All referrals for all levels of care are evaluated upon individual presentation.

**For more information, please call our
Assessment and Referral Department
1-844-556-2012**