

SACRED HEART HOSPITAL
421 Chew Street
Allentown, PA 18102-3490

EAC REFERRAL PACKET REQUIREMENTS

Please refer to the following in order to adhere to the standard requirements for the referral packet submission to Sacred Heart Hospital EAC:

Case Management

- Name
- Date of Birth
- Social Security Number
- Copy of insurance cards
- Family, significant other, or emergency contact
- Case management Contact Notes – related to admission and/or reason for the referral to EAC

Inpatient Unit / Referring Facility

- Psychiatric Evaluation
- Psychosocial Evaluation including Psychiatric Treatment History
- Medical Assessment, including any consults or information related to the medical treatment being provided (History and Physical)
- Current medications
- Urinalysis results
- CBC and Comprehensive Metabolic Panel (CMP)
- PPD results, or a chest X-ray if PPD is refused or positive
- EKG results
- Information regarding any legal issues
- One week's progress notes including physician notes
- Extended Acute Care Unit Admission Referral Form (see attachment)
- Symptom Checklist (see attachment)
- Completion of the Drug and Alcohol Assessment Form (see attachment) if the individual has a Drug/Alcohol co-occurring disorder/diagnosis
- Discharge summaries from previous Inpatient Hospitalizations at the current facility
- Copies of commitments (Voluntary and Involuntary)
- Completed Community Planning Assessment
- Fax to: SHH _____ MCO _____ County _____

Date/Initials

Date/Initials

Date/Initials

**SACRED HEART HOSPITAL
BEHAVIORAL HEALTH SERVICES
421 Chew Street
Allentown, PA 18102-3490**

**EXTENDED ACUTE CARE
ADMISSION REFERRAL FORM**

Please refer to the following in order to adhere to the standard requirements for the referral packet submission to Sacred Heart Hospital EAC:

Case Management: Name, DOB, SS#, Copy of insurance cards, family/significant other/Emergency contact, Case Management contact notes-related to admission and/or reason for the referral to EAC.

Inpatient Unit/Referring Facility: Psych evaluation, Psychosocial evaluation including psychiatric treatment history, medical assessment-including any consults, H&P, current medications, UA results, CBC and CMP, PPD (chest x-ray if PPD is refused or positive), EKG, Information regarding any legal issues one week of progress notes including physician notes, EAC Admission Approval Form, D&A Assessment Form, discharge summaries from previous Inpatient Hospitalizations at the current facility, copies of commitments (voluntary & involuntary).

Name of Person Completing the form _____

Phone _____ Fax _____

Consumer Name _____

Address _____

County (Please Circle) Lehigh Northampton Pike Carbon Monroe

Race ___ Sex ___ Marital Status ___ DOB _____ SS# _____

Date of Request _____

Emergency Contact Person _____ Phone _____

Living Arrangement Prior to admission to Acute Inpatient _____

Anticipated Living Arrangement _____

Current Hospital _____ Contact Person _____ Phone _____

Date of Admission _____ Commitment Status _____ Next MH Hearing _____

Insurance (circle one) Magellan CCBH MA (FFS) MA Pending None

 Medicare Private/Commercial

Insurance Name _____ Policy # _____

Primary Care Physician _____ Phone _____

Pharmacy Benefit Information:

Company _____ Phone _____

Case Manager _____ Phone _____

Current Community MH/D&A Services _____

List Formal and Informal Supports:

<u>Relationship</u>	<u>Frequency of Contact</u>

Diagnosis: Axis I _____
Axis II _____
Axis III _____
Axis IV _____

Axis V _____

Please list acute, extended, or state hospitalizations in the past 5 years:

Any history of violence YES NO (If yes, please describe known history)

Involvement with criminal justice system YES NO

If yes, please provide additional information including probation/parole, pending charges, or history of incarceration.

Is the consumer participating in group therapy YES NO

Is the consumer aware of EAC referral YES NO

Please describe consumer's understanding and interest in continued treatment

PLEASE ATTACH LIST OF CURRENT MEDICATIONS. (List medications tried and reason they were not successful).

SACRED HEART HOSPITAL
421 Chew Street
Allentown, PA 18102-3490

SYMPTOM CHECKLIST

Using the following scale, indicate the severity of each symptom: (1) = at admission (2) = at present

1	2		3	4	5		6	7	
No Problem	Very Mild		Mild	Moderate	Mod/Severe		Severe	Very Severe	
	(1)	(2)			(1)	(2)		(1)	(2)
Anxious			Homicidal				Psychomotor Agitation		
Assaultive Behavior			Hostility				Psychomotor Retardation		
Bizarre Behavior			Hypo mania				Self Mutilation Behavior		
Blunted Affect			Intrusiveness				Sexual Acting Out Behavior		
Depressed Mood			Mania				Sexual Preoccupation		
Disorganization			Med Non-compliance				Somatic Concerns		
Disorientation			Needs Assist with ADL				Suicidality		
Delusions			Needs Bedrails				Suspiciousness		
Emotional Withdrawal			Needs Restraints				Uncooperativeness		
Excitability			Needs Seclusion						
Grandiosity			Paranoia						
Hallucinations, type			Poor Impulse Control						

Comments:

Special Needs (ambulation, dietary, dentures, vision/hearing impairments, language):

Advanced Directive/Living Will: Medical
 Psychiatric

Please send copies of all Advanced Directives and Commitments

Staff Completing Form (Print Name) _____

Signature

Date

SACRED HEART HOSPITAL
421 Chew Street
Allentown, PA 18102-3490

EAC DRUG AND ALCOHOL ASSESSMENT FORM

List all illegal drugs, inhalants, alcohol, misused prescription / non-prescription meds, nicotine, performance enhancers, caffeine:								
Substance	How Taken	Age 1st Use	Age Regular Use	Age of Problem Use	Present Use Pattern	Date Of Last Use	Withdraw Symptoms? Yes/No	Longest Abstinence/ Dates

For substances listed above, please answer the following questions:

If withdrawal, please note symptoms of withdrawal and any difficulties experienced in withdrawal (also note use upon wakening and age 1st experienced withdrawal):

List physical symptoms from substance use:

Please note any psychological or behavioral effects of the substance use:

Please note any support groups or other supports used in prior attempts to achieve sobriety.
