

Brooke Glen Behavioral Hospital
7170 Lafayette Ave Fort Washington, PA 19034
215 641-5404
FAX 215-641-4629
Alternative Fax: 215 646-7671
Attention: Director of Admissions

Please refer to the following in order to adhere to the standard requirement for the referral packet submission to **Brooke Glen Behavioral Hospital EAC**

In addition to the completed **Comprehensive Plan of Care (CPC)** we are requesting the following documents from the referring Inpatient facility:

- Psychiatric evaluation
- Psychosocial evaluation including psychiatric treatment history
- Medical assessment including consults and or information related to the medical treatment being provided (Health & Physical)
- 30 days of progress notes (*additional notes may be requested*)
- Current medications
- Existing lab work completed at referring facility
- PPD results or chest X-ray if PPD refused or positive
- Information regarding legal issues
- Symptoms checklist
- Drug and alcohol assessment form if the individual has a Drug/Alcohol co-occurring disorder/diagnosis
- Discharge summaries from previous Inpatient Hospital at the current facility
- Copies of commitments (Voluntary or Involuntary)
- Individual's insurance cards, ID cards
- Family, significant other or emergency contacts

If applicable to individuals referred with medical conditions

- Urinalysis results
- CBC and Comprehensive Metabolic Panel (CMP)
- Lipid panel
- EKG results