

TIMBERLAWN MENTAL HEALTH SYSTEMSM
REFERRAL ASSESSMENT TOOL

Patient Name: _____ SS#: ____ - ____ - ____ DOB: ____ / ____ / ____ Age: ____
Address: _____ City: _____ State: _____ Sex: ____
Zip Code: _____ County: _____ Phone Number: (____) ____ - ____

Chief Complaint/Precipitating Event:

Presenting Problems:

1. Evaluation of Risk to Self or Others

Informant: Patient Family Friend Hospital / Health Professional Other _____

A. Current Risk to Self or Others (within the last 24-48 hours):

- | | | | |
|----------------------------------------------------------|---------------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Suicidal Threats | <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Homicidal Threats |
| <input type="checkbox"/> Fleeting/Vague | <input type="checkbox"/> Persist/Repetitive | <input type="checkbox"/> Has a Plan | <input type="checkbox"/> Serious Lethal Intent |
| <input type="checkbox"/> Delusional/Psychotic in Content | <input type="checkbox"/> Self Injurious Behaviors | | |

Description of current plan or intent: _____

B. Accuracy of Reports and History of Risk:

- Patient's/Family's Report of Risk and Danger appears accurate.
 There is concern that Patient's/Family's Report may be concealing Risk Factors.

Suicidal Risk is: Low to None Moderate Imminent Homicidal Risk is: Low to None Moderate Imminent

2. Thought Disorders: Patient or Family Report, or Patient Presents with

- Racing Thoughts Loose/Tangential Obsessive Thoughts Compulsive Behaviors
 Hallucinations (Auditory Command Visual Olfactory Tactile)
 Delusions (Bizarre Paranoia Persecutory Ideas of Reference Grandiose)

Description: _____

3. Current Medications: _____

4. Alcohol / Drug Abuse:

- | | | | |
|------------------------------------------------------|------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Marijuana | <input type="checkbox"/> None Reported/Denies | <input type="checkbox"/> Intoxicated |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Stimulants/Meth-Amphetamine | <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Hallucinogens (Acid/LSD) | <input type="checkbox"/> Pain Pills/Opioids |
| | <input type="checkbox"/> Caffeine | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Over-the-Counter Medication |

Current Withdrawal Symptoms / Abuse Behaviors:

- | | | | | |
|---------------------------------------------|---------------------------------------|------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Agitation | <input type="checkbox"/> Irritability | <input type="checkbox"/> Aggressive/Assaultive | <input type="checkbox"/> Cramps | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Hyper-/Hypotensive | <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Tingling | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Weakness | <input type="checkbox"/> Delirium | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Cravings |
| | | | <input type="checkbox"/> Cravings | <input type="checkbox"/> Fever/Chills |

Timberlawn Mental Health is a psychiatric emergency room. We apologize, but we are not able to triage medical emergencies. If you suspect that your patient/client has taken an overdose or is experiencing some other medical duress please refer your patient/client to the nearest hospital emergency room or call 911. If you have any questions about a patient's medical appropriateness, please call our admissions at 1-800-426-4944.

Timberlawn Mental Health System accepts most insurance plans and is a Medicare, Medicaid and NorthStar/Medicaid Provider. Upon client request Timberlawn will accept transfers from other service locations.

5. Referral Source Information:

Assessment Completed by: _____ Date/Time: _____

Name of Clinic/Facility: _____ Address: _____ Contact Phone (____) _____