



Mindful Transitions Adult Partial Hospitalization Program
Referral For Services at LCOH

Please contact us if you have any questions.

Phone 513-536-0682 Email: MindfulPHP@Lindnercenter.org

Once form is complete, please print and fax to **513 536-0689**

Date of Referral: _____

Demographic Information

Name of patient:

Address:

DOB:

Patient preferred phone number:

Patient email:

Insurance Information (This may be difficult to answer, please provide whatever you can.)

Insurance Company Name:

ID#

Group#

Subscriber Name:

Subscriber DOB:

Ins Co phone number to verify benefits:

Referral Source

Referrer Name:

Agency/Business Name:

Phone Number:

e-mail address:

How long have you had a clinical relationship with this patient? _____

Clinical Information

Why does this patient need PHP level of care at this time?

Why is outpatient level of care not sufficient?

Clinical Goals for PHP

Primary Goal: _____

Secondary Goal: _____

Current Diagnosis:

Axis I Diagnoses: _____

Axis II Diagnoses (if applicable): _____

Previous Inpatient Psychiatric Hospitalizations (specify dates, facilities, and brief reason): _____

Trauma History (if applicable, please explain): _____

Substance Abuse History

Please list problematic substance use (if applicable): _____

Longest period of sobriety/when? (if applicable) _____

History of inpatient detox and/or rehab/when? (if applicable) _____

Current Medication(s) and Dosages (name/dose/dosing instructions)

Current Chronic/ Acute Medical Conditions _____

Allergies _____

Current Outpatient Treatment Team

Psychiatrist: _____

Therapist: _____

Primary Care: _____

Other: _____

Behavioral Issues

Do you feel this patient can stay and sit in a PHP classroom 6 hours per day and learn information without being disruptive to the rest of the class/staff?

Yes _____

No _____ (please explain) _____

Does the patient any of the following problematic behaviors?

Behavior

Active

Past (when?)

Binge eating

Purging

Excessive exercise

Self-harm

Violence history (toward others? If yes, please specify) _____

Other (please specify) _____

Is the patient a registered sex offender? (We cannot accept registered sex offenders, so if the answer is Yes; we do not need to know any more details about any sex offender charges.)

Yes _____

No _____

Felony convictions or legal history? (please explain) _____

For planning purposes

Please note that PHP does not allow emotional support animals, only service dogs as required by law.

Does this patient have any disabilities for which they may need assistance? (please explain, examples: problems with ambulation, hearing loss, vision loss/blindness, need for service dog).

Yes___ (please explain) _____

No_____

Does this patient have a court appointed legal guardian?

Yes___ (please list name) _____

No _____

Is this patient a flight risk or at risk for wandering away and not properly signing out of programming if leaving early?

Yes_____

No_____

Does the patient have a local home address (within one-hour of Mason, Ohio?)

Yes_____

No___ If no, the patient must stay with a trusted family member or friend who lives within one hour of Mason and agree to sign a ROI consent granting permission for the PHP program to communicate with that trusted person.

We appreciate your referral to our Mindful Transitions Adult PHP program. THANK YOU!!

Our clinical staff work Monday-Friday's (excluding holidays).

We will let you know if your patient has not been accepted into our PHP program and why.

We will attempt to schedule referrals as they are accepted.

If you have a question about your referral, please call us at 513-536-0682.