



Referral For Services
Mindful Transitions Adult Partial Hospitalization Program

Please contact us if you have any questions.
PHP Office Phone 513-536-0682

Email: MindfulPHP@LindnerCenter.org

PHP Fax 513-536-0689

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: _____

Insurance Company phone number to verify benefits: _____

Referral Source Information

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?

<u>Behavior</u>	<u>Active</u>	<u>Past (when?)</u>
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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 or is such guardianship pending?

Yes *If yes, is the PATIENT agreeable to attend and participate in PHP and remain in programming until properly dismissed/discharged?* _____

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

Will the patient be staying at their local home address (within one-hour of Mason, Ohio while attending PHP?)

Yes

No *If no, where will the patient be staying that is within one hour of Mason, OH and with whom?*

_____*

** Please note, for safety reasons the patient-must agree to provide the address and unit number of where they are staying during the PHP admission and sign a release of information consent granting permission for the PHP program staff to communicate with the person with whom they are staying during the PHP admission.*

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

Click here to send completed form electronically.

Our PHP clinical staff work Monday-Friday (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 with patients as they are accepted.

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