

# PORTAGE PATH BEHAVIORAL HEALTH OUTPATIENT TO PES REFERRAL/ALERT FORM

<b>Client Name:</b> _____  <b>D.O.B.</b> _____	<b>Client Case Number:</b> _____  <b>Date:</b> _____
<b>A. Outpatient Dx:</b> _____ _____ _____ _____	<b>Therapist :</b> _____ <b>Ext.</b> _____ <b>Prescriber:</b> _____ <b>Ext.</b> _____ <b>Name of Outpatient Staff Completing Form:</b> <b>(PRINT)</b> _____ <b>Outpatient Date Last Seen:</b> _____ <b>Last Seen By:</b> _____ <input type="checkbox"/> Akron <input type="checkbox"/> Barberton <input type="checkbox"/> North Summit
<b>B. Are there any current medical conditions that warrant an Emergency Department visit prior to PES evaluation?</b>  Yes          No          Explain: _____  <b>Medical Clearance</b> (not displaying any signs of medical issues ie. dizziness, faintness which require emergency department medical assessment): <input type="checkbox"/> by PPBH Medical Staff <input type="checkbox"/> by Paramedics	
<b>C. Client being sent to PES from outpatient:</b> _____ <b>Client will present if needed:</b> _____  Call made to PES to advise of fax transmittal.      Initials: _____ Time: _____ Call made to PES to provide further information.      Spoke to : _____	
<b>D. Client present at PES without referral.</b>  Call made to PES to advise of fax transmittal.      Initials: _____ Time: _____ Call made to PES to provide further information.      Spoke to : _____	
<b>E. Identify behaviors or patterns that are relevant for PES staff to consider during evaluation for appropriate level of care (be specific, include substance abuse and medical issues).</b> _____ _____ _____ _____ _____	
<b>F. Check Attachments provided:</b> Psychiatric Evaluation      Clinical Evaluation      Medication Order Sheet List of Current Medications      Imminent Risk Form      Most recent Progress Notes (including most recent prescriber note) Other: _____	