PORTAGE PATH BEHAVIORAL HEALTH
OUTPATIENT TO PES REFERRAL/ALERT FORM

Client Name: _____ **Client Case Number:** _____

D.O.B. _____ **Date:** _____

A. Outpatient Dx: _____

_____

_____

_____

Therapist : _____ **Ext.**_____

Prescriber: _____ **Ext.**_____

Name of Outpatient Staff Completing Form:

(PRINT)_____

Outpatient Date Last Seen:_____

Last Seen By: _____

☐ Akron ☐ Barberton ☐ North Summit

B. Are there any current medical conditions that warrant an Emergency Department visit prior to PES evaluation?

Yes No Explain: _____

Medical Clearance (not displaying any signs of medical issues ie. dizziness, faintness which require emergency department medical assessment): ☐ by PPBH Medical Staff ☐ by Paramedics

C. Client being sent to PES from outpatient: ___ **Client will present if needed: ____**

Call made to PES to advise of fax transmittal. Initials:_____ Time:_____

Call made to PES to provide further information. Spoke to :_____

D. Client present at PES without referral.

Call made to PES to advise of fax transmittal. Initials:_____ Time:_____

Call made to PES to provide further information. Spoke to :_____

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).

_____

_____

_____

_____

_____

F. Check Attachments provided: Psychiatric Evaluation Clinical Evaluation Medication Order Sheet

List of Current Medications Imminent Risk Form Most recent Progress Notes (including most recent prescriber note)

Other: _____