

EMORY UNIVERSITY HOSPITAL

at Wesley Woods

Psych Access Services Assessment & Referral Form

Thank you for referring to Emory Wesley Woods Continuum of Care for inpatient psychiatric care.
To initiate a referral, please complete this form and fax to 404-712-3400 or contact us directly at 404-728-622

Patient Information

Patient Name _____ DOB _____ SSN _____
Race _____ Sex _____ Height _____ Weight _____
Referral Date/Time _____ Disposition Date/Time _____
Referring Facility/Community/Hospital/Physician Office _____
Referral Source Contact Name _____ Contact # _____
Living Situation: Home ALF SNF Other _____ Name of Community/Facility _____
Home address _____
Home Phone # _____ Additional Contact # _____
Legal Status: Voluntary Involuntary (If 1013 Status, patient must first be converted to 1014 Status)

Emergency Contact Information

Primary Contact _____ Relationship _____ Contact # _____
Secondary Contact _____ Relationship _____ Contact # _____
Advance Directives: Living Will DPOA-HC Agent _____ Contact # _____
Primary Care Physician _____ Phone # _____ Fax # _____
Psychiatrist _____ Phone # _____ Fax # _____

Insurance Information

Primary Insurance _____ Policy # _____ Phone # _____
Secondary Insurance _____ Policy # _____ Phone # _____

Please Attach Front & Back Copy of Insurance Card

Clinical Information

Has the patient ever been diagnosed with a psychiatric illness Denies Yes (specify) _____

Presenting Problem _____

Recommendation/Justification _____

Behaviors

Check all behaviors patient has shown in the last week:

- Problematic behavior (for example agitation, combative, threatening, sexually inappropriate, etc)
- Suicidal/Homicidal Ideation w/Plan or Attempt
- Visual/Auditory Hallucinations
- Worsening of depressive symptoms
- Psychosis
- Restraint/Seclusion history
- Increased anxiety x _____ days
- Verbal abuse
- Paranoid/Suspicious
- Poor Appetite x _____ days
- Lack of sleep x _____ days
- Deterioration in functioning
- Excessive sleep x _____ days
- Violence/Violent Outbursts
- Legal/Incarceration History
- Elopement Risk
- Medication non-compliance
- Withdrawal w/delirium tremors
- Substance use/abuse

Medical Symptoms

Check all medical symptoms patient has shown in the last week:

- Slurred or difficulty with speech
- Swallowing difficulty
- Swelling in legs or ankles
- Shortness of breath, requires Oxygen
- ICU Admission for Withdrawal History
- Anemia (Hgb<8, requires workup or explanation)
- Other _____
- Pain, where _____
- Fever, vomitting, diarrhea, constipation
- Recent medication changes
- Lethargy and/or over sedation
- Requires Wheelchair, Guided Cane or Walker
- Uncontrolled Diabetes
- Chest Pain
- Sepsis Hist
- Hypertensi
- Recent fall:
- Sudden Co
- Issues with

Past Medical History _____

Brief Exclusionary Criteria

Check all exclusionary criteria that may apply:

- Bedridden/Immobile
- Requires Feeding Tubes
- Stroke (must be participatory)
- Active Overdose/Detox
- Developmentally Delayed
- Subdural Hematoma Suspicion (CT of Brain)
- Untreated active lice/scabies
- Trachemostomy
- Unhealed decubitus ulcers (stage 3 & above)
- Pulmonary Tuberculosis
- Delirium, Alzheimer's Disease and Dementia
- Traumatic Brain Injury
- Pregnancy
- Dialysis
- Need for P
- Airborne Ir
- Sepsis, acti
- 1013 Legal

Current Vital Signs

BP _____ Resp _____ Pulse _____ Temp _____ O2 Saturation _____

Medications and Allergies

Attach or list all current medications including dose and frequency _____

Drug Allergies _____

Food Allergies _____

Assessment Completed By _____ **Date/Time** _____

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