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| Level of Care Requested (Select one. A separate referral form is need for each level of care.)[ ]  IMD/STP [ ]  SD County Funded SNF [ ]  SNF Patch [ ]  NBU Patch [ ]  State Hospital [ ]  ARF[ ]  Community Care Bungalows \*Must have a well-documented Developmental Delay or Intellectual Disability and be declined by all IMD/STP programs.[ ]  Request for Reconsideration \*Fax directly to the facilities, not to Optum. Summarize what improvements have been made  since the original referral. |
| **Facility Information**  |
| Referring Facility:Click or tap here to enter text. |  Admit Date: Click or tap here to enter text.  |
| Contact Name:Click or tap here to enter text. | Phone: Click or tap here to enter text. | Fax:Click or tap here to enter text. |
| **Client Information**  |
| Client’s Name:Click or tap here to enter text. | Date of Birth:Click or tap here to enter text. | Age:Click or tap here to enter text. |
| Gender:[ ]  M [ ]  F [ ]  O | Race:Click or tap here to enter text. | Marital Status:Click or tap here to enter text. | 1st Language:Click or tap here to enter text. | 2nd Language:Click or tap here to enter text. |
| Special Needs:Click or tap here to enter text. |
| [ ]  SSI [ ]  Medicare # [ ]  SSA [ ]  Medi-Cal # [ ]  SSDI [ ]  Regional Center [ ]  Other [ ]  VA Benefit  | TB Screen Date:Click or tap here to enter text. |
|  | TB Results:Click or tap here to enter text. |
|  | Allergies:Click or tap here to enter text. |
| UDS at Admission | Results:Click or tap here to enter text. | BAL at Admission | Results:Click or tap here to enter text. |
| **Conservatorship Information**  |
| Conservatorship (\*\*Required\*\*) [ ]  Temporary [ ]  Permanent [ ]  Public [ ]  Private | Date Established:Click or tap here to enter text. |
| Conservator/Court Investigator:Click or tap here to enter text. | Telephone #:Click or tap here to enter text. |
| Comments on Court Investigation:Click or tap here to enter text. |
| Case Manager:Click or tap here to enter text. | Telephone #:Click or tap here to enter text. |
| Payee:Click or tap here to enter text. | Telephone #:Click or tap here to enter text. |
| If NO Payee, has an application been made for Payee Services? Click or tap here to enter text. | Date of Application:Click or tap here to enter text. |
| **Diagnosis Information**  |
| Use DSM/ICD diagnosis and other clinical or medical considerationsClick or tap here to enter text. |
| Primary Diagnosis:Click or tap here to enter text. | ICD Code:Click or tap here to enter text. |
| TBI/NCI, DD, Intellectual Disability Diagnosis:Click or tap here to enter text. | Other Diagnosis (Clinical or Medical):Click or tap here to enter text. |
| **Risk Factors**  |
| Current Risk Factors:Click or tap here to enter text. |
| Historical Risk Factors:Click or tap here to enter text. |
| Current Dangerous Propensities:Click or tap here to enter text. | Historical Dangerous Propensities: Click or tap here to enter text. |
| **Current Risk Factors** |  **Weak Strong** |
| Weak to Strong | 1 | 2 | 3 | 4 | 5 |
| Suicidal Risk |[ ] [ ] [ ] [ ] [ ]
| AWOL Risk |[ ] [ ] [ ] [ ] [ ]
| Assaultive Risk |[ ] [ ] [ ] [ ] [ ]
| Drug/ETOH Risk |[ ] [ ] [ ] [ ] [ ]
| Sexual History Risk |[ ] [ ] [ ] [ ] [ ]
| Infectious Disease(s): Click or tap here to enter text. |
| **Referral Information** |
| Reason for Referral to This Level of Care (Why does the client need this level of care?): Click or tap here to enter text. |
| Current Treatment (Response to treatment, medication compliance, participation in groups, etc.): Click or tap here to enter text. |
| History of Prior Hospitalizations/IMD/State Hospital/SNF Treatments (Include dates): Click or tap here to enter text. |
| Living Situation for Past 12 Months:Click or tap here to enter text. |
| Legal issues (Note any probation, warrants, or interaction with legal system): Click or tap here to enter text. |
| **Psychiatrist Information** |
| Treating Psychiatrist Signature: |
| Printed Name of Psychiatrist: Click or tap here to enter text. | Phone:Click or tap here to enter text. |

\*\*\*Please refer to the “Tips for Completing the LTC Referral Screening Form” which can be found on the Optum San Diego Website (https://optumsandiego.com) for more information.