RTP REFERRAL SCREENING

Consumer Name:

DOB:

Age:

Social Security:

Income:

Insurance:

BSC/ASC/CTT/ECCM Name/Agency/Number:

Current Housing/Previous Address	
Support/Family Involvement	
Detailed discharge plan from DAS	
Diagnosis	
Current Functional Status	
Presenting/Current Symptoms	
Suicide History (Ideation/Attempts) Last attempt?	
Current Suicide Thoughts	

Homicidal Ideation (Past and Current)	
Hallucinations (Command or other)	
Assaultive/Aggressive	
Current Medication (Clozaril or injectables) Compliant?	
Medical Issues (Ambulatory? Contagious Diseases?)	
Psychiatric History (Outpatient, hospitalizations, etc.) Outpatient ECT?	
Legal Issues (past or present, parole/probation, assault, fire setting)	
D&A History/Current Use	
Other Information (education, marital status, race/ethnicity)	
Physical Exam/Lab work	
Date of discussion of PRNs with Social Worker	

Staff Signature Date

Please fax completed referrals to the medical records dept. (412) 257-2008

For more information email LKist@chartierscenter.org