

We accept ALL Medicaid Insurances



"HELPING HANDS THAT HEAL"

Phone: (434) 630-8494 Fax: (888) 767-7937
www.turningpointinterventions.com

Referral Form

Mobile Crisis
Community (Crisis) Stabilization
Mental Health Skills-Building Services
Outpatient Therapy

Date of Referral: _____

Client Name: _____

DOB: _____ Age: _____ Gender: _____

SSN: _____ Race: _____

Medicaid#: _____ HMO Name: _____

Phone: _____ Email: _____

Address: _____

Presenting Problems/Risk Conditions/Hospitalizations/Current Medications:

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List present/past services being received: (in home counseling, group home, day treatment, outpatient therapy, case management)

How did you hear about TPI? _____

If Referral given by someone other than client:

Referral Source Name: _____

Agency: _____

Phone: _____ E-mail: _____

TPI employee completing referral: _____

Client must meet ALL of the following criteria at time of admission for Mobile Crisis Response:

- The individual must be experiencing an active behavioral health crisis; and
- Urgent intervention is necessary to stabilize or prevent escalation of the individual's behavioral health crisis; and

The individual or collateral contact reports at least ONE of the following:

- suicidal/assaultive/destructive ideas, threats, plans or actions; or
- an acute or increasing loss of control over thoughts, behavior and/or affect that could result in harm to self or others; or
- functional impairment or escalation in mood/thought/behavior that is disruptive to home, school, or the community or impacting the individual's ability to function in these settings; or
- the symptoms are escalating to the extent that a higher level of care will likely be required without intervention; and
- Without urgent intervention, the individual will likely decompensate which will further interfere with their ability to function in at least one of the following life domains: family, living situation, school, social, work, or community.

Client must meet at least two (2) of the following criteria at the time of admission for Community (Crisis) Stabilization:

- Experiencing difficulty in establishing and maintaining normal interpersonal relationships to such a degree that they are at risk of psychiatric hospitalization or homelessness or isolation from social supports.

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- Experiencing difficulty in activities of daily living (ADLs) such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.
- Exhibiting such inappropriate behavior that immediate interventions by mental health, social services, or the judicial system are or have been necessary.
- Exhibiting difficulty in cognitive ability (such that the individual is unable to recognize personal danger or recognize significantly inappropriate social behavior).

Client must meet ALL of the following criteria for Mental Health Skills Building:

- Individual has a history of psychiatric hospitalization, Intensive Community Treatment, crisis stabilizations services, PACT (Program of Assertive Community Treatment), Residential Treatment or TDO.
- Individual needs assistance with activities of daily living related to symptom management, compliance with psychiatric and medication treatment plans, development of social skills and support systems, person hygiene, food preparation, or money management.
- Individual has been diagnosed with one of the following diagnoses: Bipolar I or II, Major Depressive Disorder, Schizophrenia, or other psychotic disorder or another Axis I disorder that is severe and debilitating and documented by a physician.
- Individual has been on a psychotropic medication in the past 12 months.

Name of medication: _____

Prescribing Physician: _____