NKHS PCP REFERRAL FORM

PLEASE ATTACH LAST OFFICE NOTE OR OTHER *RELEVANT DOCUMENTATION

Processing for services may be delayed if this form is not fully completed

Patient Name:		Date of Birth:
Patient Phone #:	SS#:	Date:
Parent/Guardian Name:		
Address:		
Referral Source Name:	Referral Source Contact Information:	
Current/Past Client of NKHS: ☐ Yes ☐ No ☐ Unknown If yes, what services:		
Name of Insurance Company:		
Phone #:	Policy #:	Subscriber:
Mental Health Diagnosis(es)/Symptoms you are concerned about:		
Pertinent Medical Diagnosis(es):		
If urgent, please explain:		
Present Treatment for Mental Health (symptoms, medications, therapy, behavioral health, other):		
Medical Problem List:		
Current Medications: (Please attach medication list and recent labs)		
Allergies:		
Past/Recent Psychiatric Hospitalization(s)/Residential Treatment (please include dates, location and 3rd party) use back of form:		

ADULT SERVICES

Please check requested services below

☐ Mental Health Therapy	☐ Substance Misuse Therapy	☐ Psychiatric Evaluation

CHILDREN'S SERVICES

Please check requested services below

☐ Outpatient Therapy	☐ Home/Community Based Services	☐ JOBS (16-22 year old youths that are out of school)

NKHS Children's Department also offers psychiatric services, community skills and respite if clinically indicated upon assessment completion. The client must be involved in other NKHS services or willing to engage in supportive services with NKHS as these are not stand alone services.

☐ Patient is currently an "Attributed Life" in OneCare

Release of Information Signed ☐ Attached (Must have NKHS release signed to give referring provider feedback information)
PATIENT IS IN AGREEMENT WITH THIS REFERRAL Client Signature: Parent/Guardian Signature *(if minor)*:
<u>If this referral is for Psychiatric Services then I agree to accept patient care once stabilized</u>

Provider Print:	Provider Signature:	Date:

Suicide Prevention Services Referral Checklist

☐ Patient is provided with NKHS after hours Emergency Services phone number:
St. Johnsbury 802-748-3181 or Derby 802-334-6744

☐ 988 Suicide & Crisis Lifeline: Call/Chat/Text 988, or go to https://988lifeline.org/chat/

Any additional information you would like NKHS to be aware of:

PLEASE FAX REFERRAL: TO CORRECT SERVICE LOCATION

1-802-334-7455 FOR ORLEANS & NORTHERN ESSEX COUNTY

1-802-748-0704 FOR CALEDONIA & SOUTHERN ESSEX COUNTY

*Relevant Documentation includes but is not limited to:
Chart Summary, Medication List, Office Note, Problem List, Psychiatric Evaluation, Labs

Derby
181 Crawford Road
PO Box 724, Newport, VT 05855
802-334-6744 • Fax 802-334-7455
Toll free 800-696-4979
nkhs.org

St. Johnsbury
2225 Portland Street
PO Box 368, St. Johnsbury, VT 05819
802-748-3181 • Fax 802-748-0704
Toll free 800-649-0118