Catalpa Health Day Treatment Referral Form

Fax (920) 882-5484 442 N. Westhill Blvd. Appleton, WI 54914

Patient Name:____ DOB:________________________

School: ____

Patient's Insurance(s): Primary ________________________ Secondary ________________________

note: **UBH Commercial is **out of network** with day treatment

Patient's Diagnoses: Primary ________________________ Secondary ________________________

Date of Referral:____________________ Referred By:____

Family is aware, and in agreement with day treatment referral: ☐YES ☐NO

Symptom	Current, Past, Never	Description (if "Current" or "Past" symptoms)
Psychotic symptoms		
Suicidal		
Violent		
Police contact		
Poor school functioning		
Difficulties functioning in community		
Difficulties functioning at home or in a family environment		
Multiple hospitalizations in last 3 months		
Disordered Eating		
Substance Use		

Current - symptoms within 30 days; Past - no symptoms in last 30 days; Never - symptoms never occurred

Referral Information

Why is the client being referred to day treatment? (Please explain why this level of care is appropriate)

What is the client's history of treatment (outpatient, inpatient, in home, groups, intensive levels of care)?

Who are the client's current providers (PCP, psychiatry, therapy, other)?

What progress has the client made with the current treating provider?

What is the client's living arrangement?

What goals do you see as appropriate for day treatment?

What barriers does the current provider see to treatment?

Please attach the following records:

If referred by a **mental health clinician**: Initial Evaluation, Tx Plan, and last 3 progress notes

If referred by a **school**: Most recent IEP and any other pertinent behavioral records

If referred by a **county**: Most current Tx Plan

If referred by a **hospital**: History +Physical (Intake), Discharge Summary

For Internal Use Only

Records requested: yes/no   Date: From:

Date Received ________   Date of IE________

Date completed CAFAS ________   Date of multidisciplinary meeting________

Day treatment decision_________   Date of family meeting__________