

Adult Intake Referral Form

In order to determine if your patient meets admission criteria; we require the following documentation:

- 1) completed referral form** (pg. 2 below)
- 2) updated, supporting documentation:**
 - **progress notes or summary**
 - **physical exam** (PHP, IOP, Mood & Anxiety Clinic require a physical within 1 year of starting the program)
- 3) current medication list**
- 4) labs** (if appropriate)

Please fax referral information to **802-847-8747**. Any questions, call our Intake Coordinator at **802-847-2125**

Please review the following exclusion criteria before submitting a referral:

United Behavioral Health / Optum Insurance / Wellcare / Magellan

Patients who have United Behavioral Health (UBH)/Optum Insurance coverage for mental health outpatient services will be responsible for the cost of services received and will be billed directly, as our services are currently considered Out-Of-Network. We ask that patients call their insurance carrier to confirm individual coverage policies for mental health outpatient services before being seen for their appointment.

Seneca IOP/PHP and Mood & Anxiety Programs

Alcohol/Substance Use

We require patients to be 30 days sober or substance free before starting our programs (does not apply to Consult Services). If there is current alcohol/substance use, please discuss a referral to our Addiction Treatment Center with your patient. If your patient is interested in achieving sobriety, with the aid of their PCP, please submit a new referral request along with the above stated clinical information once your patient is 30 days sober or substance free.

Stable Housing

We require patients to have stable housing before starting our programs (does not apply to Consult Services). Since our programs are intensive and require patients to focus, we have learned through experience that patients trying to cope with major distractions, such as inadequate or unstable housing, are not able to complete the programs or fully benefit from our services. If your patient is still interested in our services once he/she is able to acquire stable housing, please submit a new referral request along with the above stated clinical information.

Anorexia/Bulimia

We do not currently treat patients with a Primary, active diagnosis of an eating disorder, as this is not an appropriate fit with our programs. However, we will frequently refer patients to:

The Kalm Clinic: 1 Mill Street, Suite 233, Burlington 802-861-1200

Group/Individual

Patients must be able to participate in both our individual & group treatment programs to be accepted in the clinic. Patients must have capacity for abstract thought to engage in treatment. For patients with psychosis, they must be able to engage in reality testing.

Adult Psychiatry Clinic

The Adult Psychiatry Clinic currently consists of our Adult Psychiatry Resident Clinic (APRC- see below), the Geriatric Clinic, and two groups offered by Elena Nichols, LICSW (Grief Group and Radically Open DBT).

The APRC is a resident education clinic, which limits the number and range of patients that can be accepted. It is predominantly a consultative service and therefore does not provide long term psychopharmacology management. Please note, our capacity to do ADHD assessments is limited. We do not accept referrals for autism, forensic, or disability assessments; patients with active substance use disorders; patients who need case management; or patients who need an acute/emergency level of care.

Adult Intake Referral Form

Referrals CANNOT be processed until information required to determine admission criteria is received:

1. Fill out our referral form completely.
2. Include updated, supporting documentation – summary or progress notes, PE and labs, if appropriate.
3. Fax referral information to 802-847-8747 and thank you for helping us better service your patients.

Patient's Name: _____ DOB: _____

Address: _____

Tel: (H) _____ (C) _____ Message OK? Y / N

Insurance: _____ Mental Health Ins: _____

Injury Related? Circle One: Auto W/C Date of Injury: _____ Claim # _____

Injury Insurance: _____ Adjuster: _____

Geriatric Psychiatry Referral Only

Contact for Scheduling: _____ Relationship to Patient: _____

Tel: _____ (H) (C) (W) Message OK? Y / N Name: _____

IP D/C Date: _____ Notify CM – Eval Date: _____ Time: _____ Clinician: _____

REASON FOR REFERRAL (please be specific): _____

Referral Information	Clinical Information
Adult Psychiatry Clinic:	Psychiatric Diagnoses:
<input type="checkbox"/> Adult Psychiatry Resident Clinic (Consultative Services)	
<input type="checkbox"/> Elena Nichols, LICSW – Grief Group	Areas Impacted (work, school, parenting, relationships,etc):
<input type="checkbox"/> Elena Nichols, LICSW - Radically Open DBT Group	
<input type="checkbox"/> Geriatric Psychiatry Clinic (Consultative Services)	
	Medications (if not on separate sheet):
Seneca Center Programs:	
<input type="checkbox"/> Partial Hospitalization Program (PE within 1 yr)	
<input type="checkbox"/> Intensive Outpatient Program (PE within 1 yr)	
<input type="checkbox"/> Mood & Anxiety Disorders Clinic (PE within 1 yr)	Current Medical Problems:
Date/Time of Referral:	
Office Contact:	
Tel:	Suicidal Ideation? No / Yes
Fax:	Homicidal Ideation? No / Yes
Referred By:	Recent alcohol/substance use? No / *Yes, when: Name of substance: *Please discuss referral to Addiction Treatment Center with patient
PCP:	History Of:
Tel: Fax:	Suicide Attempts? No / Yes, when:
Psychiatrist:	Aggressive Behavior? No / Yes, when:
Tel: Fax:	Inpatient Tx? No / Yes, when:
Therapist:	Outpatient Tx? No / Yes, when:
Tel: Fax:	Any disabilities or learning differences? No / Yes, Explain: