

New Perspectives Crisis Residence
140 Neyhart Road, Stroudsburg, PA 18360
Phone: 570-992-7590 Fax: 570-992-2487 Email: newpers@rhd.org

Date of Referral: _____ Time: _____ New: _____ Readmit: _____ Date of last Admission: _____
Name: _____ DOB: _____ S.S. # _____ Sex: M F
Physical Address: _____
County: _____ Home Phone: _____ Cell Phone: _____
Medical Assistance #: _____ CCBH () Yes () No Military Benefits () Yes () No Other Ins: _____
Does the person have money for medication copays if needed? () Yes () No
Who does the person live with? _____ Can they return there? () Yes () No
If homeless, list discharge location (homeless contract must be attached to referral): _____
Where are they now and how long will they be there? _____
Phone number(s) where they can be reached: _____

Referral person: _____ Referral Source Phone #: _____
Referral Source Affiliation: _____
Ongoing Caseworker (MH/ID): _____ Agency: _____
Has the caseworker been informed of the referral? () Yes () No () N/A and by who _____
Last seen by Mental Health or Medical worker (Who/When): _____

**Our psychiatrist will see the person you are referring and medication adjustments may occur unless you circle the following:
No Psychiatric Assessment and Medication Adjustments Necessary.**

SAFETY ASSESSMENT

Does this person want to come to New Perspectives Crisis Residence? () Yes () No
Is the person currently threatening or violent? () Yes () No
Does the person have thoughts to harm self or others? () Self () Others () No
If others, who _____
Does the person have a plan to harm self or others? () Yes () No
If yes, describe _____
Has the person acted on thoughts to harm self or others? () Yes () No
If yes, describe _____
Has the person hurt self or others in the past? () Yes () No
If yes, who, and under what circumstances: _____
Does the person have access to weapons? () Yes () No
If yes, where and by who are they secured _____
Is the person able to contract for safety? () Yes () No

Presenting Problems/Precipitating Factors:

Does the person report trouble with the following?

Activities of Daily Living?	() Yes () No:	Describe: _____
Sleeping?	() Yes () No:	Describe: _____
Eating (note weight loss/gain)?	() Yes () No:	Describe: _____
Managing Medication?	() Yes () No:	Describe: _____
Relating to Others?	() Yes () No:	Describe: _____
Recognizing Danger?	() Yes () No:	Describe: _____
Thought Patterns?	() Yes () No:	Describe: _____

Consumer Name: _____

DOB: _____

DRUGS AND ALCOHOL ASSESSMENT

Does the person use and/or abuse alcohol, street drugs, prescription, and/or over-the-counter medications? () Yes () No

If yes, list below accordingly:

Substance	Frequency	Quantity	Last Use
_____	_____	_____	_____

Does the person have a history of DT's? () Yes () No

Has the person used in the last 5 days? () Yes () No If yes, NP staff must complete withdrawal assessment and attach to referral.

MENTAL STATUS EXAM (please check all that apply)

Orientation: Person ___ Place ___ Time ___ Space ___ Mood Swings ___ Irritability ___ Agitation ___
 Racing Thoughts ___ Poor Motivation ___ Poor Concentration ___ Poor Appetite ___ Overeating ___
 Blunted Affect ___ Pressured Speech ___ Excessive Sleep ___ Poor Sleep ___ Pacing ___
 Poor Impulse Control ___ Decreased ADL's ___
 Hallucinations: Auditory ___ Visual ___ Tactile ___ Command ___ By History Only ___ Content: _____
 Delusions ___ Content: _____ Paranoia ___ Content: _____

Does the person require the safety of hospitalization? () Yes () No

PRESENT AND PAST PSYCHIATRIC SERVICES

Current Outpatient Services: _____

Last Psychiatric Inpatient Stay (when/where): _____

Medications (include prescribed and over-the-counter): _____

Psychiatric Diagnosis: _____

MEDICAL ASSESSMENT

Medical History/Needs/Status: _____

Allergies/Manifestations: _____

Name and phone number of the doctor presently treating medical needs and allergies? _____

Is the person pregnant? () Yes () No () N/A If yes, how far along is she or he? _____

Is the person a diabetic? () Yes () No If yes, NP staff must complete diabetes assessment and attach to referral.

Does the person have Hypertension (HBP)? () Yes () No If yes, current BP and medication: _____

Does the person have a seizure disorder? () Yes () No If yes, date of last seizure and medication: _____

Is the person presently prescribed Clozaril? () Yes () No If yes, NP staff must complete Clozaril liability form and attach to referral.

ADDITIONAL INFORMATION

Does the person smoke? () Yes () No If yes, how much? _____ Person's Highest Completed Education Level: _____

Any present legal charges? () Yes () No If yes, name and phone number of Probation/Parole Officer: _____

Has the person encountered bed bugs? () Yes () No If yes, has the property been successfully eradicated? () yes () No

Is the person a known or registered sex offender? () Yes () No If yes, is the person tier 1 () tier 2 () tier 3 ()

Signature of Person Providing/Taking Referral Information

Date

New Perspectives Staff Only

Date/Time Referral form received: _____ Date/Time all necessary info received: _____ Accepted to NPCR () Yes () No

Verbal Auth from Delegate? () Yes () No Time _____ Delegate Name: _____ # of Days _____

Expected Admission Date/Time: _____ Will arrive via: _____

If not accepted, reason why: _____

Referral to Other Service/Other Outcome: _____

Signature of Person Accepting Individual

Date

Carbon-Monroe-Pike County Officials Use Only

Signature of County Administrator/Delegate

Date

Please *be sure to bring the following items to New Perspectives Crisis Residence:*

- State ID and Insurance card(s).
- Small amount of money for co-pays – please **do not** bring more than \$25 cash.
- All medications you are currently taking. These medications must be in their labeled bottles, and must be less than 90 days old. Staff will only support you with taking medication for which you are prescribed, that are current and that are clearly labeled.
- Clothes, shoes, outerwear. Please bring enough of these items to last for **5 days**. We do have a washer and dryer at the residence, available for your use.
- Personal toiletries, as needed. Please note that NPCR is able to provide you with shampoo, soap, deodorant, toothpaste and toothbrushes.

Please *do not bring the following items to NPCR:*

- Weapons, tools, illegal substances, paraphernalia, etc. The use of any of these will result in your **immediate discharge** from the residence.
- Valuables, large sums of cash, jewelry, personal mementos, etc. **New Perspectives is not responsible for ensuring the safety of your personal items.**

Please note the following information *prior to your admission to NPCR:*

- In an effort to ensure the safety of everyone admitted, upon admission, your belongings will be placed into a Bed Bug box and you will be asked to change into scrubs during this time. Your items will be inventoried and given back to you once the Bed Bug protocol is complete, and you may change back into your clothing for the remainder of your stay.
- Cell phones and any other electronics (iPod, etc.) will be kept in the staff office and may be used in common areas during designated times: **11-11:30am and 6-7:30pm**.
- **Discharges** are typically completed **after 12:00pm**, unless otherwise scheduled.
- Family and friends may contact you by calling **570-992-8930** between the hours of **8am and 10pm**. Visiting hours are **6pm – 7:30pm** on the residential premises. Visitors are expected to check-in at the residential office when they arrive and before they leave.
- New Perspectives staff **do not** routinely transport to medical or psychiatric appointments while you are admitted to the residence. Please be sure to reschedule any appointments, or make arrangements for transportation, as needed.

Crisis worker initials: _____ **Consumer initials:** _____ **Date:** _____