



INPATIENT HOSPITALIZATION REFERRAL FAX COVER SHEET

REFERRALS FOR BAYPOINTE, EASTPOINTE, OR BEHAVIORAL HEALTH CRISIS CENTER

PLEASE CALL THE Professional/Hospital ONLY Line 251-660-2384

FAX this cover sheet and child/adult required referral paperwork to Access to Care **1-866-581-1526**

(Please allow 15 minutes for paperwork to transmit – please call to confirm faxed paperwork was received)

Referring Hospital: _____
Contact Name: _____ Contact Number: _____

Patient Name/DOB: _____

Is the patient currently in the Emergency Room? Yes No

Patient and/or guardian is aware and agrees to voluntary psychiatric inpatient care in a locked, non-smoking facility where controlled substances will not be prescribed? Yes No

Does the patient need an interpreter/translator? Yes No If so, for: _____

All information listed below is required for the referral to be complete and considered for review:

1. Completed AltaPointe “Inpatient Hospitalization Request” fax cover sheet
2. Patient face sheet with name, SSN, DOB, etc
3. Medications currently prescribed/ Medication Administration Record
4. Most current set of vital signs (same day)
5. Most recent UDS
6. Written statement from physician that patient is medically clear and stable
7. Completed lab results obtained within the last 30 days:
 - a. CBC
 - b. CMP: Chem Panel 8 (children) or Chem Panel 14 (adults)
 - c. Free T4
8. **ADULT REFERRALS ONLY**: *Informed Consent*- Documentation must include that patient agrees to voluntary psychiatric inpatient transfer and is aware of the distance to our facility in Daphne, Alabama.
9. **ER REFERRALS ONLY**: Documentation states that there is an “emergency medical condition” (*per EMTALA, an emergency medical condition is “a medical condition manifesting itself by acute symptoms of sufficient severity, including psychiatric disturbances, such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual in serious jeopardy”*).
10. *If applicable* and AltaPointe physician completed a psych consult, please include actual consult note(s)
11. *If applicable*, pregnancy test results
12. *If applicable*, most recent/current blood alcohol level
13. *If applicable*, most recent EKG
14. **CURRENT/SAME DAY** Documentation from physician or other qualified medical personnel *indicating specific reason for acute psychiatric hospitalization referral (i.e. homicidal/suicidal ideation with or without a plan, command hallucinations or delusions, at risk behavior, mental status, etc.)*.