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| **TO BE COMPLETED BY REFERRING PRACTICE:** |
| **Patient Information** |
| Date: |
| Primary Care Practice & Contact Info: |
| Referring Provider: |
| Patient Name: |
| Patient DOB/Age: | Ethnicity: |
| Patient Gender: | Insurance: |
| Policy#/Grp#: |
| Subscriber name/DOB: |
| Primary DX: | Additional DXs: |
| Medication List: |
| PSC-17 Scores: I= E= A= |
| Other Screener(s): | Scores: |
| Discussion w/family re. Hub: Y/N | Date: |
| **Reason for Consult**: (please specify) | **Documentation Needed:**1. Release of Information (ROI)
2. Bio-psychosocial history (BPSA)
3. Current clinical note to indicate reason for referral
4. Any Psych eval or assessment
5. Scored PSC-17 + all completed screeners (i.e. PHQ-9, GAD-7, SNAP-IV)
6. Court order of guardianship (if needed)
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| **TO BE COMPLETED BY HUB:** |
| **CAP Assignment-Circle** |
| Dr. Pumariega |
| Dr. Andrews |
| **Directive-Circle**  |
| Doc-to-Doc |
| Live Evaluation- televideo |
| **Post Doc Assignment-Circle**  |
| Post Doc | Post Doc Name: |
| **Directive-Circle all that apply** |
| 90791 |
| Therapy Referral: Y/N | Input BHO: |
| Additional scales needed: Y/N | List Screener(s): |
| **Notes:** |
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