|  |  |  |
| --- | --- | --- |
| **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) |
| **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:** | | |
|  | | |