

New Horizons/Fairfield Medical Center – Emergency Psychiatric/ES Referral Form

Emergency Services Referral
(Client Currently in crisis)
Fax: 740-687-8628
Phone: 740-687-8255

Client Name DOB Age

Address Phone

Presenting Problem/Reasons for Referral/Symptoms (Attach additional info as needed – progress notes, etc.):

Current medications (Meds, dosages, compliance):

Allergies:

ETOH/Drug Abuse (Both history and current use):

Medical Problems:

Legal Problems:

Current Outpatient Treatment (agencies and individual service providers):

Lethality Assessment Suicidal Homicidal Ideation Plan Intent Prior Attempts

Elaborate if present:

Psychosis (describe any present):

Date: Time: Referring Person/Agency:

Signature: Phone# to Reach You:

Disposition (completed by NH or ES):