

**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.):

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Current medications (Meds, dosages, compliance): \_\_\_\_\_

Allergies: \_\_\_\_\_

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

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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): \_\_\_\_\_

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