**Information Needed for Quick CSU Referral**

1. The clients presenting symptoms; what needs to be stabilized?
2. Are they a hospital step-down? If so, please refer to the info needed for step-downs.
3. Are they using drugs currently or recently? If so, please do your best to answer the following:
	1. What drug(s) will they need detox from?
	2. Have they undergone detox in the past? If so, from what?
		1. When did they last use substances? Was it alcohol?
	3. Do they have a hx of DT’s?
		1. If yes, they will *likely* need to be medically cleared.
	4. Do they have a hx of seizures?
		1. If yes, have they experienced seizures while detoxing?
		2. If yes, they will *likely* need to be medically cleared.
	5. Do they have a hx of pancreatitis or severe liver disease?
		1. If yes, they will *likely* need to be medically cleared.
	6. Do they have a hx of high blood pressure?
		1. If yes, are they taking meds for it?
		2. Do they have meds with them?
	7. Do they have any other currently untreated medical conditions that could put them at risk while detoxing?
4. Do they meet our Exclusionary Criteria? (imminent danger to self/others; actively violent/aggressive w/n past 24 hrs; unwilling to participate in tx; medically unstable; executable plan for suicide at CSU; unable to manage ADL’s; sex offender on case by case review).
5. What is their diagnosis/es?
6. Current medications?
7. Medical issues?
8. DC Plan?