

CRISIS STABILIZATION

ADDENDUM TO ORIGINAL PRE-SCREENING FOR CLIENTS ADMITTED DIRECTLY TO CSU FROM AN ACUTE CARE FACILITY

CLIENT NAME: _____ CSB: _____ DATE: _____

A FACE TO FACE PRE-SCREENING OR FACE TO FACE UPDATE TO AN EXISTING PRE-SCREENING (THAT IS OLDER THAN 24 HOURS) MUST BE FAXED (804-343-7689) TO THE PROGRAM. ADDITIONALLY, THE FOLLOWING INFORMATION IS TO BE FORWARDED:

- HOSPITAL ADMISSION HISTORY AND PHYSICAL (Medical and Psychiatric); LABORATORY RESULTS
- CURRENT MAR (MEDICATION ADMINISTRATION RECORD)
- PHYSICIAN PROGRESS NOTES (LAST 3 DAYS)
- NURSING PROGRESS NOTES (LAST 3 DAYS)
- COPY OF PPD/CHEST X-RAY (if administered); POSITIVE PPD HISTORY (if known)
- ORIGINAL PRESCREENING

CHECK OFF ALL THAT APPLY:

- Client is at risk for re-hospitalization or homelessness or isolation from social supports
- Client is experiencing difficulty with ADL's – health/safety is jeopardized
- Client is demonstrating inappropriate behavior that requires immediate intervention
- Client is experiencing difficulty in cognitive ability
- Client requires monitoring for effectiveness of recent medication changes, as well as any adverse reactions
- Client requires supervision/monitoring in a less structured setting prior to reintegration into the community

DESCRIBE CURRENT CLINICAL PICTURE AT THE TIME OF THE FACE TO FACE REASSESSMENT BY THE CSB/BHA: (Describe how the client's clinical symptoms differ from the original pre-screening.)

GOALS FOR CSU:

DISCHARGE PLAN:

SIGNATURE CSB/BHA STAFF (with credentials): _____