

# BEHAVIORAL HEALTH SERVICES

SHARON REGIONAL HEALTH SYSTEM

740 East State Street • Sharon, PA 16146  
Telephone: 724-983-5644 • Fax: 724-983-3843

**For all referrals:** The items listed on the left can be answered on this form or other forms containing the requested information. The items on the right need to be completed on this form. Please fax all forms to 724-983-3843. Thank you.

## Inpatient Admissions Referral Form

Referring Facility: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Unit: \_\_\_\_\_ Contact # \_\_\_\_\_ Referral Fax: \_\_\_\_\_

**Please complete and send the following information by fax to 724-983-3843**

Patient Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Presenting Problem (Clinical):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current and/or Previous Mental Health/Substance Abuse Treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medical Conditions and Medications (no IV medications permitted):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Psychiatric Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Labs and Vitals:

BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ T: \_\_\_\_\_ BAC: \_\_\_\_\_

Will need CBC, BMP, UA, UDS, HCG, EKG

Current working psychiatric diagnosis if known (Axis I/Axis II):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Choosing Sharon Regional:

- No child unit
- Facility is full
- Patient Choice
- Other \_\_\_\_\_

Voluntary 201 \_\_\_\_\_

Involuntary 302(PA Only) \_\_\_\_\_

Is patient medically cleared and stable?

- Yes
- No

Name of treating MD (or designee):  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_  
\_\_\_\_\_

What is the disposition plan for this patient?  
\_\_\_\_\_  
\_\_\_\_\_

Legal Issues, if any:  
\_\_\_\_\_  
\_\_\_\_\_

TO BE COMPLETED BY SRHS INPATIENT:

ADMITTED: Accepting Physician: \_\_\_\_\_

NOT ADMITTED:  
Clinician Consulted: \_\_\_\_\_

Time/Date: \_\_\_\_\_

Reason Declined: \_\_\_\_\_  
\_\_\_\_\_

Referral Completed Date & Time: \_\_\_\_\_

Referral Completed by Signature/Title:  
\_\_\_\_\_