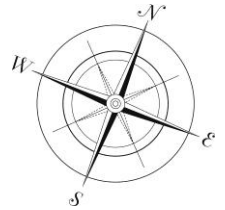


HOPEWELL
A Therapeutic Farm Community
PO Box 193 9637 State Route 534 Mesopotamia, OH 44439
Phone: (440) 693-4074 Fax: (440) 693-4167
www.hopewell.cc



PSYCHIATRIST REFERRAL FORM
This form **must** be completed in its entirety

Date: ___/___/___ Psychiatrist's Name: _____

Office Address:

_____ Street _____ City _____ Zip code

Ph #: _____ Fax #: _____

Email _____

Name of Patient referral: _____ How long has he/she been in treatment with you? _____

D.O.B.: ___/___/___ SSN: ___/___/_____

DSM-IV DIAGNOSIS: *Hopewell is a Therapeutic Farm Community specializing in Mental Health Treatment. The following is a list of commonly referred diagnosis.*

Please check a diagnosis for the referred patient:

- ___ 295.3 Schizophrenia, paranoid type
- ___ 295.10 Disorganized Type
- ___ 295.90 Schizophrenia, Undifferentiated Type
- ___ 295.60 Schizophrenia, Residual Type
- ___ 295.40 Schizophreniform Disorder, with good prognostic features
- ___ 298.8 Brief Psychotic Disorder
- ___ 296.2 Major Depressive Disorder, single episode
- ___ 296.3 Major Depressive Disorder, Recurrent
- ___ 300.4 Dysthymic Disorder, NOS
- ___ 311. Depressive Disorder, NOS
- ___ 296. Bipolar I Disorder
- ___ 296.89 Bipolar II Disorder
- ___ 296.80 Bipolar Disorder, NOS
- ___ 301.1 Cyclothymic Disorder
- ___ 296.9 Mood Disorder, NOS
- ___ 300.23 Social Phobia
- ___ 309.0 Adjustment Disorder with Depressed Mood
- ___ 309.24 Adjustment Disorder with Anxiety
- ___ 309.28 Adjustment Disorder/Mixed Anxiety/Depressed Mood
- ___ 301.20 Schizoid Personality Disorder
- ___ 301.6 Dependent personality Disorder
- ___ 301.4 Obsessive-Compulsive Personality Disorder

- ___ 295.20 Schizophrenia, Catatonic Type
- ___ 295.40 Schizophreniform Disorder without good prognostic features
- ___ 297.1 Delusional Disorder, bipolar type
- ___ 297.1 Delusional Disorder, depressive type
- ___ 300.3 Obsessive-Compulsive Disorder
- ___ 309.81 Posttraumatic Stress Disorder
- ___ 300.00 Anxiety Disorder, NOS
- ___ 312.30 Impulse Control Disorder, NOS
- ___ 305.1 Nicotine Dependence
- ___ 309.9 Adjustment Disorder, Unspecified
- ___ 301.0 Paranoid Personality Disorder
- ___ 301.83 Borderline Personality Disorder
- ___ 301.50 Histrionic Personality Disorder
- ___ 301.81 Narcissistic Personality Disorder
- ___ 301.82 Avoidant Personality Disorder
- ___ 301.9 Personality Disorder, NOS
- ___ 305.00 Alcohol Abuse
- ___ 305.20 Cannabis Abuse
- ___ 292.89 Caffeine Induced Anxiety Disorder
- ___ 292.9 Caffeine Related Disorder NOS
- ___ 305.70 Amphetamine Abuse
- ___ 299.80 Asperger's Disorder

Other referred Diagnoses

- ___ 307.1 Anorexia Nervosa
- ___ 307.51 Bulimia Nervosa
- ___ 307.50 Eating Disorder, NOS
- ___ 312.34 Intermittent Explosive Disorder
- ___ 312.32 Kleptomania
- ___ 312.31 Pathological Gambling
- ___ 309.3 Adjustment Disorder/Disturbance in Conduct
- ___ 309.4 Adjustment Disorder/ Mixed Disturbance of Conduct and Emotions
- ___ 301.7 Antisocial Personality Disorder
- ___ 303.9 Alcohol Dependence
- ___ 304.30 Cannabis Dependence
- ___ 304.20 Cocaine Dependence
- ___ 305.6 Cocaine Abuse
- ___ 304.5 Hallucinogen Dependence
- ___ 305.30 Hallucinogen Abuse
- ___ 304.60 Inhalant Dependence
- ___ 305.90 Inhalant Abuse
- ___ 304.40 Amphetamine Dependence

Diagnosis not listed _____

Axis III: _____

Axis IV: Problems related to: ___ Primary Support _____

____ Social Environment _____
____ Education _____
____ Occupational _____
____ Economic _____
____ Other _____

Axis V: Current GAF: _____ Highest in past year: _____

Length of stay recommended: ____ 3-6 months ____ 6-12 months ____ long term treatment

CURRENT MENTAL STATUS:

YES NO Suicidal History
Ideation Dates: _____, _____, _____, _____ method _____
Plan Dates: _____, _____, _____, _____ method _____
Attempt Dates: _____, _____, _____, _____ method _____

YES NO Aggression History
____ Verbal Who _____ when _____
____ Physical Who _____ when _____
____ Assault History Dates: _____, _____ method _____

YES NO Arrest Record
Dates: _____ reason _____
Current Status _____ Probation/Parole _____
Dates: _____ reason _____
Current Status _____ Probation/Parole _____

YES NO Sexual Abuse Victim / Perpetrator
YES NO Physical Abuse Victim / Perpetrator

YES NO Substance Abuse
Type:
____ Cigarettes
____ Caffeine
____ Medication
____ Illegal
____ Other _____

YES NO Recent trauma
YES NO Homeless
YES NO Family Support
YES NO Delusions
Type:
____ Grandiose
____ Somatic
____ Religious
____ Other _____

YES NO Hallucinations
Type:
____ Auditory
____ Visual
____ Other _____

YES NO Self Abuse

YES NO Mentally Disabled
Type:

___ 317 Mild Mental Retardation
___ 318.0 Moderate Mental Retardation
___ Other _____

IQ Level 50 to 70
IQ Level 35 to 55

YES NO Appropriate Affect
Type:

___ Animated
___ Blunted
___ Flat
___ Inappropriate
___ labile
___ Constricted
___ Other _____

YES NO Client has Judgment/ Insight relating to safety of self/others; to include children and animals

YES NO Independent Living Skills

___ Regular Staff support for daily prompting
___ Individualized 1:1 staff support for prompting

Please add additional comments

Current Psychiatric Prescribed MEDICATIONS:

Please write-in below or attach a current medication record

MEDICATION	DOSE	FREQUENCY	RATIONALE
_____ / _____ / _____ / _____			
_____ / _____ / _____ / _____			
_____ / _____ / _____ / _____			

<i>PRN</i> MEDICATION	DOSE	FREQUENCY	RATIONALE
_____ / _____ / _____ / _____			
_____ / _____ / _____ / _____			

PHYSICIAN'S SIGNATURE: _____

Other Licensed Staff Assisting _____

Please add additional comments:

