Referral Form: Philip Dorn Respite Center/Shelter

FAX: (925) 646-5011 • Phone: (925) 646-5020

Patient Name: ______________________________ Sex: M / F DOB_________________

MRN: ______________________________________ Insurance: _________________________

Is this patient a veteran? ☐ Y ☐ N Primary Care Provider at VA_________________

DD214 Obtained: ☐ Y ☐ N ☐ In Process Behavioral Health at VA ____________________

STOP: Please mark that patient meets **ALL** of the following criteria

	Homeless		PICC lines / ports / VAD upon arrival
	Independent in ADLs (includes taking meds)		If respite referral, anticipated stay <6 weeks
	Independent mobility (can walk 50 yards alone)		Behaviorally appropriate for group setting
	Continent of urine/stool		If respite client, patient agrees to admission
	Has not received benzodiazepine for alcohol withdrawal in past 24 hours		Willing to comply with CCC Respite/Shelter rules
	Alert and oriented		Independent in wound care (OR home health nurse supplied OR requires wound care <4x weekly)

Referral Source:

☐CCRMC
☐HPACT - Oakland
☐Sutter Delta
☐JMMC Campus: _______________
☐Kaiser Campus: _______________
☐Other ________________________________

Primary Medical Reason for Referral: ☐Decompensation ☐Respiratory support ☐Wound care ☐Trauma ☐Other: ____

IMPORTANT! Patients will not be considered for admission without the following:

☐Active problem list – including up-to-date assessment/plan for each (e.g. wound care instructions)
☐Most recent history and physical
☐Current medication list – including dosage, frequency
☐Behavioral health / AOD history: ____
☐Primary care contact information – if established, otherwise indicate need for referral below
☐Hospital discharge information, upcoming appointments/referrals – including date, purpose, contact info:____

TB Status:
☐CXR: Date ___________
Normal / Abnormal
☐PPD: Date ___________
Reading: _____ mm
Positive / Negative

Current Mobility:
(all patients must be mobile)
☐Independent
☐Crutches/Cane
☐Walker
☐Wheelchair

NOTES: ____
____
____
____
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IMPORTANT!

All patients must arrive with:

- 7+ days of current medications
- 7+ days of wound care supplies

Any necessary medical equipment (respiratory, mobility devices, DM supplies)