



Adolescent Crisis/Sub-Acute Psychiatric Stabilization Unit

Pre-Admission Worksheet

Please submit this completed form and fax to # 712-226-1894 with the following info:

- Patient face sheet/demographics
- Copy of insurance card(s)
- Current medication list plus any available ER dictation/information
- Current Labs: CBC, CMP, TSH w/ FT4 if abnormal, UA, Preg Test, Blood Alcohol Level, Drug Screen.

Patient name _____ Age _____ SSN# _____

Patient accompanied by _____ Contact number _____

Height _____ Weight _____ ER admission DX _____

Events leading to ER admission _____

Were police involved? Yes No Court order hold obtained or in process? Yes No

Treatment in ER including meds/restraints, etc _____

Current living situation _____ Able to return when stable? Yes No

Acute/chronic psych/medical DX _____

Please circle answer for each of following and provide additional info for any YES answers below:

Alcohol/substance use history?	Y	N	Currently under influence?	Y	N
Any detox assistance needed?	Y	N	Able to communicate verbally?	Y	N
IQ (if known) _____ Autism?	Y	N	IEP/Special Education?	Y	N
Behavior Disorder Classroom?	Y	N	Able to read/write?	Y	N
Previous Suicide Attempts?	Y	N	Current Suicidal Ideation?	Y	N
Current Suicide Plan? If yes, details:	Y	N	Self Harm now or history of?	Y	N
Recent Trauma or Loss?	Y	N	Current homicidal thoughts?	Y	N
Current Homicidal Plan? If yes, details:	Y	N	Recent harm to any person, property or	Y	N
Any history of violence/physical fights?	Y	N	Any criminal charges or police involvement?	Y	N
Current or history of hallucinations/delusions?	Y	N	Current or history of paranoia?	Y	N
Previous Psych Hospitalizations?	Y	N	Any current or previous Psych Provider?	Y	N

Medical evaluation was completed and patient believed to be medically stable and appropriate for sub-acute psychiatric stabilization unit.

MD/ARNP/PA/DO Signature

Date/Time _____

Additional Contact person (if applicable) _____

Agency _____

Contact Number _____

Additional info or Provider to Provider contact may be needed prior to admission. Please call us at 712-226-1856 as needed.

Thank You for your Referral!