

Admission Referral Form

This form does not need to be completed on every patient but this is a framework that can be used to collect the information in preparation for the discussion with the Avel provider.

Intake Information

First Name	DOB	Age
Last Name	Biological Gender	
Referring Hospital		
Call back number for Referring Hospital		

Medical Clearance - These labs would not all be required but if the referring site has the information, please collect.

Medically Cleared: Yes or No	
Labs: CBC: WNL or Abnormal or Pending or Not Collected	
CMP: WNL or Abnormal or Pending or Not Collected	
Tylenol: WNL or Abnormal or Pending or Not Collected	
Salicylates: WNL or Abnormal or Pending or Not Collected	
UA/UDS/Drug Screen: WNL or Abnormal or Pending or Not Collected	
Pregnancy Test: Negative or Not Applicable or Not Collected	
ETOH / BAL Level: or Not Applicable or Not Collected	
COVID Screen: Negative or Positive or Not Collected	
Last Set of Vitals: Temp Pulse Respirations BP	
If Overdosed, was Poison Control contacted? Not Applicable or Contacted	

Current/ Past History

Situation Leading to Hospitalization

Current Psychiatric Diagnosis

Suicidal thoughts (Plan/Intent/Attempt):

Hallucinations

Cognitive Delays / Intellectual Delay / Delerium

History of Violence

Medical History

Nursing Specific Questions to Consider as Indicated for Your Unit to Determine If Can Meet Acuity: Legal History: Pending Legal Charges Yes or No Past Legal Charges: Yes or No Probation/Parole: Yes or No