

Residential Referral

Fax: **816-767-4232** E-mail: **Resreferrals@saint-lukes.org**

Date: _____ Referred by: _____ Contact number: _____

Patient name: _____ DOB: _____ Age: ____ Legal sex: ____ Gender identity: ____

Parent/Guardian: _____ Phone: _____

Crittenton Foster Care? Yes No

Previous Critt Hosp/Res admit? Yes No

Circle one, if applicable: Children's Div. (CD) or Adoption Subsidy

If CD custody, is the Independent Assessment Completed? Recommendation? _____

Currently suspended from school: Yes/No Grade: ____ FSIQ: ____ (*above 80 ok, case by case for 70-80*)

Serious medical conditions: _____

Please circle the funding source:

MO SMHK

MO UHCP

MO Healthy Blue

MO HSH

Momed (straight)

MO PCN

DMH (community mental health center)

Commercial Ins w/Medicaid sec _____

Commercial ins only _____

Tricare _____

Note: We are NOT a provider for KS PRTE.

At the time of referral, where is the child? _____

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Saint Luke's Health System is an Equal Opportunity Employer. Services are provided on a nondiscriminatory basis.

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Short summary of concerning behavior:

Clinical to send: Records from past inpatient and/or residential stays, psych testing, IEP or 504, birth certificate, immunizations, documentation regarding any specialized program indicators (on next page), guardianship/court records, list of current meds, copy of insurance card (CD/Adop Sub), Independent Assessment, and CS-9 or social stay summary.

Specialized program indicators, documentation is needed re: any 'yes' answers:

History of inflicting injury to others requiring the patient to receive (internal) medical care:	Yes	No
History of group violence (riots, gangs, etc.)	Yes	No
History of possessing or using a weapon:	Yes	No
History of suicide attempts or self injury requiring medical care (ED, PICU, etc):	Yes	No
History of sexually acting out:	Yes	No

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If yes, currently on county or state sex offender list:	Yes	No
If yes, any current pending or historical charges pressed re: SAO behavior?	Yes	No
Substance use concerns:	Yes	No
Previous residential placements: Please list:	Yes	No
Previous inpatient stays? Please list:	Yes	No
Current outpatient/IOP/PHP participation?	Yes	No
Hospitalization within last 30 days?	Yes	No

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