

Precourt Healing Center Admission Request Checklist

Please send documentation that includes the data below. Include all relevant medical, clinical, and legal documentation including lab results, legal holds, and/or certifications.

- Patient Facesheet. Including: Patient Name, Date of Birth, Physical and Mailing Address, Phone Number, Emergency Contact Information, Guardian Information (If under 18 years old);
- Patient Insurance Information: Primary Insurance, Name of Primary Insurance Holder; Policy Number; Group Number; Secondary Insurance Information (if applicable). Copy of card if possible.
- Verify that the patient has had zero O2 usage in past 72 hours and any CPAP support needs.
- 27-65 Status and Documentation (attach holds and certifications)
- Mental Health Evaluation or Clinical Summary: Presenting Concern; Rationale supporting
- Inpatient Level of Care; Current behavioral health symptoms including severity, duration, mental status, changes or impairments in functioning due to symptoms; any recent hospitalization; history of suicide attempts; History of Substance Use
- Legal Involvement: Protection Orders, Relevant Medical Decision-Making/Parenting Plans, Relevant Power of Attorney, Psychiatric Advance Directives
- Medical Documentation: Acute medical problems, chronic health problems, including pregnancy and postpartum status; any medical devices; any recent hospitalizations/surgeries; allergies, medication, applicable labs, vital signs, physical exam
- Current Diagnoses (include Clinical and Medical):

Contact for Referring Agency:

Name _____ Phone _____