

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).
- ☐ **Prior Authorization Information:** Prior Authorization Reference Number #; Insurance Point of Contact.
 - ☐ **If uninsured, has the patient applied to Medicaid: Yes No; Medicaid Application ID#:**
- ☐ **2765 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:** Medical concerns/chronic health issues, including pregnancy and postpartum status; any medical devices; any recent hospitalizations/surgeries; allergies, medication, labs
- ☐ **Current Diagnoses** (include Clinical and Medical):
- ☐ **Contact for Referring Agency:**