Regional Assessment and Referral Form (RARF)

(For Inpatient Hospital, CSU, Detox or Partial Hospitalization-IOP use only)

REFERRAL INFORMATION

Staff taking referral:	**Date and time:**
Referral agency:	**Referral source's name:**
Phone number:	**Fax number:**
Outpatient psychiatrist:	**Outpatient provider:**

Follow up appointment scheduled? ☐ Yes ☐ No
If yes, where, when and telephone number?

☐ **Voluntary**
☐ **Involuntary**

Was involuntary paperwork sent to this facility? ☐ Yes ☐ No

HISTORY AND DEMOGRAPHIC INFORMATION

Name:	**Maiden:**	**DOB:**	**Age:**	**SSN:**

Sex: ☐ Male ☐ Female → ☐ Member is pregnant | **Phone:** | **County of residence:**

Address: | **City:** | **State:** | **ZIP Code:**

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Native American ☐ Asian ☐ Other:

Primary language: ☐ English ☐ Spanish ☐ Other: | **Proficient in English?** ☐ Yes ☐ No

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Domestic partner

Resides with: ☐ Family ☐ Alone ☐ Friend ☐ Retirement/assisted living/nursing home ☐ Homeless ☐ Shelter ☐ Foster home/group home level

Can return to above? ☐ Yes ☐ No

Educational level:		**Veteran?** ☐ Yes ☐ No	**Active military?** ☐ Yes ☐ No
Guardian:	**Phone:**	**POA/HCPOA:**	**Phone:**
Emergency contact:	**Relationship to patient:**		**Phone:**

INSURANCE INFORMATION

Private:	**Self-pay:**	**Medicaid #:**	**Medicare #:**
Insurance company:	**Insured's name:**		**Insured's DOB:**
Policy #:	**Group #:**	**Insured's SSN #:**	**Employer:**
Ins. Phone #:		**Fax front and back of insurance card** ☐	

CLINICAL INFORMATION

Risk factors

Suicidality: ☐ None ☐ Threats ☐ Impulsive ☐ Plan: ☐ Previous attempts:

Self-injurious behaviors? ☐ **Command hallucinations to harm self?** ☐

Self-harm risk: ☐ Under patient's control ☐ Poorly controlled but not imminently dangerous ☐ Imminently dangerous

Violence: ☐ None ☐ HI ☐ Threats ☐ Impulsive ☐ Plan: ☐ Property destruction:

Recent violence toward others? ☐ **Command hallucinations to harm others?** ☐

Violence risk: ☐ Under patient's control ☐ Poorly controlled but not imminently dangerous ☐ Imminently dangerous

Reason for referral:

Past psychiatric history (hospitalizations and outpatient treatment):

(Note: Revisions to form content established by hospital workgroup and are results of stakeholder input.)

Substance use

Tobacco use? ☐ **Current drug use?** ☐ **Needs detox?** ☐ Yes ☐ No

Substance	Frequency	Duration	Last Use	History of serious withdrawal?	
Alcohol				☐ Yes	☐ No
Benzodiazepines				☐ Yes	☐ No
Barbiturates				☐ Yes	☐ No
Cocaine				☐ Yes	☐ No
Methamphetamine				☐ Yes	☐ No
Hallucinogens				☐ Yes	☐ No
Marijuana				☐ Yes	☐ No
Opiates				☐ Yes	☐ No
Other:				☐ Yes	☐ No
Other:				☐ Yes	☐ No

Past outpatient attempts: _____

Past detox or rehab admissions (list dates): _____

History of DTs or seizures? ☐ Yes ☐ No **If yes, last date of DTs or seizure:** _____

CIWA score: _____ ☐ **Nausea** ☐ **Vomiting** ☐ **Sweats** ☐ **Agitation** ☐ **Anxiety** ☐ **Disoriented** ☐ **Headache** ☐ **Tremor** ☐ **Tactile/visual/auditory disturbances** ☐ **Diarrhea** ☐ **Muscle cramping**

Medical history

Medical history:

History of Traumatic Brain Injury? ☐ Yes ☐ No
Confirmed mental retardation? ☐ Yes ☐ No
☐ **Mild** ☐ **Moderate** ☐ **Severe** **IQ deficits *AND***
☐ **Mild** ☐ **Moderate** ☐ **Severe** **adaptive deficits**

Allergies:

Current Medications	Dosage	Frequency	Compliance Issues	Prescriber

Were the following labs and patient information sent to this facility?	Vital signs: ☐ Yes ☐ No	CBC: ☐ Yes ☐ No	CMP: ☐ Yes ☐ No	UDS: ☐ Yes ☐ No	BAL:	Height:	Weight:

Activities of Daily Living (ADLs):

Feeds self:	☐ Yes ☐ No	**Gait stable:**	☐ Yes ☐ No
Bathes self:	☐ Yes ☐ No	**Ambulatory:**	☐ Yes ☐ No
Continent of urine:	☐ Yes ☐ No	**Assistance needed:**	☐ Yes ☐ No
Continent of bowel:	☐ Yes ☐ No	**Fall history:**	☐ Yes ☐ No

Current/pending legal charges and court dates:

Legal history (including incarceration history):

Probation/parole officer name:

Phone number:

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MENTAL STATUS EXAM (IF ACCEPTED IN THE EMERGENCY DEPARTMENT)

Dress/appearance: ☐ Unremarkable ☐ Disheveled ☐ Eccentric ☐ Inappropriate for conditions ☐ Poor hygiene

Sleep: ☐ Rested ☐ More than usual ☐ Poor

Appetite: ☐ Typical ☐ More than usual ☐ Less than usual

Attitude: ☐ Cooperative ☐ Withdrawn ☐ Guarded ☐ Suspicious ☐ Uncooperative ☐ Manipulative

Motor activity: ☐ Unremarkable ☐ Slowed ☐ Repetitive ☐ Restless ☐ Agitated ☐ Tremor ☐ Catatonic

Affect: ☐ Appropriate ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat ☐ Inappropriate

Mood: ☐ Euthymic ☐ Depressed ☐ Anxious ☐ Euphoric ☐ Irritable ☐ Angry

Speech: ☐ Unremarkable ☐ Over-talkative ☐ Spontaneous ☐ Impoverished ☐ Slow-pressured ☐ Loud ☐ Soft ☐ Monotone ☐ Slurred ☐ Aphasic

Thought process: ☐ Unremarkable ☐ Vague ☐ Incoherent ☐ Circumstantial ☐ Tangential ☐ Perseverative ☐ Flight of ideas ☐ Loose associations ☐ Self-contradictory

Thought content: ☐ Goal-oriented ☐ Obsessions ☐ Compulsions ☐ Ruminations ☐ Phobias

Delusions: ☐ None ☐ Paranoia ☐ Persecution ☐ Infidelity ☐ Grandiose ☐ Somatic ☐ Thought insertion ☐ Thought broadcasting ☐ Erotomanic

Hallucinations/illusions: ☐ None ☐ Tactile ☐ Visual ☐ Auditory ☐ Olfactory ☐ Taste

Trauma: ☐ None ☐ Sexual ☐ Physical ☐ Emotional ☐ Military ☐ Significant death ☐ Natural disaster ☐ Health condition ☐ Refugee ☐ Other: _____

Trauma reaction: ☐ Depersonalization ☐ De-realization ☐ Fugue ☐ Nightmares ☐ Hallucination/re-experiencing ☐ Socially avoidant ☐ Hyper-vigilant ☐ Limited dissociation ☐ Dissociative identities

Consciousness: ☐ Alert ☐ Drowsy ☐ Dull ☐ Intoxicated

Not oriented: ☐ Person ☐ Place ☐ Time ☐ Situation

Cognition: ☐ Effective ☐ Distractible ☐ Concentration problem ☐ Short-term memory deficit ☐ Long-term memory deficit ☐ Poor problem-solving ☐ No insight into problem

Judgment: ☐ Intact ☐ Poor ☐ Impulsive ☐ Impaired

Motivation: ☐ Unmotivated ☐ Minimizing ☐ Contemplating ☐ Preparing ☐ Action-oriented

Current diagnostic and Level of Care impressions (if known and required by referring or accepting facility):

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: GAF _____ or LOCUS, CALOCUS or ECSII level: _____ ASAM score (SU referral): _____

Recommendations:

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DISPOSITION

☐ **Inpatient program:** _____ ☐ **Crisis stabilization unit:** _____

☐ **Detox program:** _____ ☐ **Partial hospitalization/IOP:** _____

☐ **Discharge to:** _____ ☐ **Referral to other:** _____

Accepting MD or medical provider and facility name: _____

LAW ENFORCEMENT OBSERVATION TOOL (LEOT)

Law Enforcement Observation Tool (LEOT) **Circle the number(s) that apply to patient's ED presentation, add scores and total below**	After ED arrival, patient fights or attempts to flee from custody.	5 ☐	Aggression leading to ED visit significantly harmed another	5 ☐	Extremely belligerent and verbally threatening others in ED	2 ☐
	Client has known history of harm to law enforcement or hospital staff.	5 ☐	Racing, uncontrollable and commanding psychotic thoughts	3 ☐	Extreme emotions driving impulsive actions	2 ☐
	Before ED arrival, patient fights or attempts to flee from custody.	5 ☐	Destroying property in ED	3 ☐	Currently intoxicated or "high" to the point of loss of self-control	2 ☐
Total points: _____			☐ **0 to 4 points – ED staff observation during assessment could be sufficient**		☐ **5 or more points – Law enforcement observation would likely be needed**	

COMPLETE THIS SECTION ONLY IF CONSIDERING 3-WAY PSYCHIATRIC HOSPITAL, HOSPITAL-BASED IOP OR STATE FACILITY

Reasons recent treatment not successful: ☐ No meds/not taken/abused/sold ☐ OP provider issue ☐ Traumatic life event
☐ Symptom acuity ☐ Abuse/neglect ☐ Substance use ☐ Needed higher LOC ☐ Other: _____

Other prior treatment: ☐ Medication-only ☐ OP therapy ☐ OP Enhanced ☐ Residential
☐ Crisis unit ☐ Hospital x _____?

Treatment goals: ☐ Med stabilization ☐ Harm reduction ☐ Treatment and crisis plan dev. ☐ OP follow-up

Other: _____

Discharge plan (ONLY if known):

OP provider: _____ **OP medication follow-up:** _____

D/C to what residence? _____ **Transportation by whom?** _____

Authorization number: _____
(Given by managed care organization)

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