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TIC - New Referral Screening



Referral Name: _____ **Date:** _____

Age **DOB** **Sex** **Referral Type** **Decision Making** **Financial**

Complex Care Traditional Choose an item. Choose an item.

Referral Source Information

Contact Name/Title: _____ **Type of Setting:** Choose an item.

Phone: _____ **Email:** _____ **Fax:** _____

Setting Name/Address

SECTION 1): Diagnostic

Neurocognitive Dx	Mental Health Dx
<input type="checkbox"/> TBI <input type="checkbox"/> PD <input type="checkbox"/> HD <input type="checkbox"/> Dementia: Choose an item. OTHER Neurocognitive Dx:	<input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Anxiety D/O <input type="checkbox"/> Depressive D/O's <input type="checkbox"/> Schizoaffective D/O OTHER MH Dx:

SECTION 2.) Trauma Informed Care

Hx of Trauma? Yes No Unknown **Trauma**

Triggers	Interventions

SECTION 3.) Immediate Exclusionary Conditions (behavioral, diagnostic & medical)

Not free from restraints for 72 hours Needs physical or chemical restraints Not free from 1:1 for 48 hours
 Danger to self or others Sex offender status (St. Maries) Morbidly obese >400 lbs.
 Extensive Hx of violence against others/still capable of Bx Baseline unmanaged *predatory* sexual Bx
 Extensive Hx of suicidal behavior (still cognitively capable of Bx) Borderline Personality D/O (or symptoms of D/O)



If any condition is checked, do not move forward with remainder of screening until an Interdisciplinary staffing occur to determine potential conditional approval.

DETERMINATION: Move forward with screening Stop screening

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SECTION 4.) Behavior

1. **Physically Aggressive Behavior?** Yes No

2. **Verbally Aggressive Behavior?** Yes No

3. **Homicidal Behavior?** Yes No

4. **Suicidal Behavior?** Yes No

5. **Self-Harm Behavior?** Yes No

6. **Substance Abuse?** Yes No

7. **7. Smoker?** Yes No

8. **Inappropriate Sexual Bx?** Yes No

9. **Other Concerns**

SECTION 5.) Psychotic Symptoms

1. **Hallucinations?** Yes No

2. **Delusions?** Yes No

3. **If present, are psychotic symptoms managed well?** Yes No

SECTION 6.) Psychiatric Treatment

1. **Past inpatient psychiatric Tx?** Yes No

2. **Outpatient psychiatric Tx?** Yes No

3. **Is outpatient Tx currently necessary?** Yes No

4. **If needed, are Bx health services available?** Yes No

SECTION 7.) Medication, Health & Safety

1. **Medication compliant?** Yes No

2. **Concerns with current medication regime?** Yes No

3. **Psychotropic medications?** Yes No

4. **Uncontrolled pain?** Yes No

5. **Chronic conditions?** Yes No

6. **History of Falls?** Yes No

[Type here]

SECTION 8.) Behavior Care Unit Criteria

1. Does the Resident meet "nursing level of care"? Yes No

2. Does Resident have characteristics defined in sections a. or b.? Yes No

a. Medically based disorder which causes significantly diminished capacity for judgement, retention of information and/or decision- making skills? Yes No

b. Medically based mental health disorder or diagnosis and a high level of resource use? Yes No

Medically Based Behavioral Disorder	Medically Based Mental Health Disorder

3. All unit participants shall have history of demonstrated need for additional resources to provide for disruptive behavior(s), requiring enhanced resources use from nursing facility staff, evidenced by one or more of the following: a – e

a. Socially inappropriate/disruptive behaviors such as disruptive sounds, noise, screaming, self-abusive acts, sexual behavior or disrobing in public smearing/throwing food/feces, hoarding, rummaging through belongings of other participants? Yes No

b. Intrusive wandering behavior, ambulating with no rational purpose, seemingly oblivious to their needs or safety? Yes No

Supporting Information	Supporting Information

c. Verbally abusive behaviors?
Yes No

d. Physically abusive behaviors?
Yes No

e. Behavior that resists cares?
Yes No

Supporting Information	Supporting Information	Supporting Information

DETERMINATION: Meets BCU Criteria Does not meet BCU criteria

Screening completed by:

Decision: Admit Don't Admit **If decision is not to admit, provide brief reasoning below**