

**PLEASE SEND THE FOLLOWING INFORMATION
WITH ALL REFERRALS**

1. Baker Act Form
2. Medical Start/Stop Form
3. All labs performed (UDS, pregnancy, etc)
4. Vital Signs x 24 hours
5. Medical/Surgical Current & History
6. Past Psychiatric History
7. Allergies
8. Current Psychiatric Complaint
9. Current Medications and Dosages
10. Face Sheet: including DOB, SS #, phone number,
address where they reside & emergency contact
11. Contact information for Nurse/Social Worker: Include
phone numbers for after 4pm*

*Once information is received then it will be reviewed by
Charge Nurse and a phone call will be made*

Thank you

CBHC Crisis Unit

FAX NUMBER: 941-575-4194