permedion
an HMS company

Please complete electronically.

OH Mental Health and Addiction Services
Inpatient Psychiatric Precertification

EXAMPLE 2: PROPER documentation

Referral Information			
Date Sent to Permedion:	1/10/16		
Hospital/Facility Name:	Hollywood Memorial Hospital		
Contact Person:	Diane Smith, RN		
Email address:	diane.smith@hmh.com		
Phone:	614 333 9823		
City, State	Hamilton, OH		
Date of Admission:	1/8/16		
Admission source:	Garden Lakes Nursing Home		
Involuntary admission:	[ ] Yes	X	No
Admission Type:	[ ] Pre-Admission	X	Emergency

Recipient Information

Recipient Last Name:	Walker	First Name:	Carolyn
Social Security #:	111 22 3333	Medicaid ID#:	545666777122

Gender:		Male	X	Female	DOB	5/2/40	Age:	75

Marital Status:		Single		Married		Divorced
	X	Widowed		Other: (explain)		

Living Arrangements:		Alone		Court Ordered		Group Home/Half-Way House
		Homeless/ Shelter		Non-Relatives		Foster Home
		Relatives	X	Nursing Home		Assisted/Supervised
		Parents/Guardian		Spouse/Significant Other		Other:(explain)
City, State						

Responsible Party Information

Responsible Party (Last Name, First Name)	Lynne Jenkins
County:	Suffolk

Relationship:		Self	X	Parent(s)/Guardian		Court
		Gov. Agency	X	Other: (explain) Daughter		

[ ] **Address same as recipient**

City, State	Hawthorne, OH

Mental Health Diagnoses

Provide all Diagnoses	**Diagnosis**	**DSM5**	**OR ICD-10**
	Paranoid Schizophrenia		F20.0

Medical Diagnoses (Names only -ICD-10 not required)

HTN

EXAMPLE 2: PROPER documentation

	Psychosocial and Environmental Problems	
Please "X" and explain all that apply.		
x	Problems with primary support group	Daughter Does not visit; rarely available
	Problems related to social environment	
	Educational problems	
	Occupational problems	
	Housing problems	
	Economic problems	
	Problems with access to Health Care Services	
	Problems related to interaction with legal system	
	Other psychosocial and environmental problems	

	Symptoms	
Please "X" and explain all that apply.		
X	Auditory hallucinations	Command type-telling her to kill herself and nursing home staff
X	Visual hallucinations	Seeing butterflies
X	Delusions	Pt attempted to jump out a window to catch a butterfly that was not there.
	Paranoia	
	Bizarre thinking	
	Thought content	
	Anxiety level	
X	Appearance	Disheveled
X	Mood	Labile
X	Affect	**Blunted**
X	Behavior	Pt. hypersexual with male resident's; attempted to sit on male resident's lap and kiss him.
	Dementia	
	Delirium (Acute onset < 48 hour)	
	Speech	
	Cognition	
X	Insight/Judgment	Poor
	Sleep	
X	Hygiene	Unable to attend to her ADL's independently
	Nutrition	
Imminent risk to self: Please "X" and explain all that apply.		
	Recent suicide attempt or serious self-harm.	
	Current plan for suicide or serious self-harm.	
X	Command auditory hallucinations for suicide or serious self-harm. No plan or intent verbalized	
Imminent harm to others: Please "X" and explain all that apply.		

EXAMPLE 2: PROPER documentation

	Recent Action
	Current Plan
X	Command auditory hallucinations No plan or intent verbalized but tells the nursing home staff she is going to kill them because they put rat poison in her food.

Symptoms (Cont.)

If patient is unable to care for self, explain why. Pt needs assistance with bathing and dressing at her baseline.

Current Medications

List all current medications.

Drug Name	Daily Dosage	Frequency	Start	Diagnosis
Risperdal	0.5ng	qam		
Risperdal	2mg	qhs		
Klonopin	0.25 mg	BID		
Klonopin	0.5mg	Qhs		

Compliant with Current Medications?	X	Yes		No

Prior Psychotropic Medications

List all prior psychotropic medications.

Drug Name	Daily Dosage	Start	End	Diagnosis
Depakote	1000 ng	/bud		

Substance Abuse History

Complete all applicable rows.

	Drug Name	Frequency	Amount	Route	1st Use	Last Use
Alcohol		Daily	1/5 scotch	PO		1-9-15
Cannabis						
Hallucinogens						
Benzodiazepines						
Inhalants						
Amphetamines						
Barbiturates						
Narcotics						
OTC Meds						
Other						

****Provide toxicology screen results.**

EXAMPLE 2: PROPER documentation

Explain impact of substance abuse on treatment compliance.

None at time of admit, Pt has been sober x1 year

EXAMPLE 2: PROPER documentation

Prior Treatment			
Identify all prior mental health interventions and services.			
Agency/Facility Name	**Type of Service**	**Dates of Service**	**Frequency of Service (Hours/day)**
Balfour Medical Center	***IP-psych***	***Oct,Nov 2015***	***N/A***

Legal

Is inpatient treatment court ordered? ☐ **Yes [If yes, fax order to (855)-974-5394]** ☐ **No**

If "Yes", for what purpose? ☐ **Evaluation** ☐ **Return to Competency**

What county issued court order?

Please "X" and explain all that apply.

	Current Legal charges	
	Pending court date(s)	
	Currently on probation/parole	
	Past legal issues	
X	Current/History of domestic violence	**Victim of years of domestic violence by deceased husband.**
	Physically destructive acts/property destruction	

Please "X" and explain all that apply.

X	Recent Abuse	**Questionable Elder abuse by daughter.**
	Past Abuse	

Additional Information:

Health Home (if applicable)	
County:	
Agency:	

Inpatient Treatment History

Prior Inpatient Treatment?		**No**	x	**Yes**
Readmission within the past 30 days?	x	**No**		**Yes**
Age at first admission:	**5**			
Number of admissions in the past 2 years.	**2**			

Please complete for each admission:

Month	**Year**	**Facility**	**Length of Stay**
Oct-Nov	2015	Balfour NC	Unknown

EXAMPLE 2: PROPER documentation

Children & Adolescents Only (Under 21)			
Please "X" and explain all that apply.			
☐ CON completed and signed by a physician, and on the medical record.	☐ Yes	☐ No	
☐ Children's Services involvement			
☐ Other Information			
Geriatric Patients Only (65 years and older)			
Please "X" and explain all that apply.			
☐ Patient is a transfer from another unit (such as medical).			
Additional Information			
Explain any recent trauma/crisis/precipitating events related to the patient's symptoms and subsequent admission.			
Pt son was imprisoned recently and this may be a contributory factor.			
Any additional pertinent information to support the medical necessity for admission.			
Pt putting self at risk d/t visual hallucinations and hypersexuality. The psychosis is chronic but A/V hallucinations appear to have increased in frequency and her paranoia has gotten to a level where she is not eating or drinking as she feels staff is poisoning her.			
I affirm all information is a true and accurate description of the above individual.			
Completed by:	Diane Smith, RN		
Date:	1/11/2016		