THE University of Vermont MEDICAL CENTER

UVM Medical Center
Psychiatry
1 South Prospect St.
Burlington, VT 05401

Adult Intake Services
Mon–Fri 8:00am–5:00pm
Tel: 802-847-2125
Fax: 802-847-8747

Thank you for referring your patient to our services.

In order to determine if your patient meets admission criteria, we will require the following:

Completed Referral Form

Updated, supporting documentation;

Progress Note or Summary

Physical Exam (Seneca PHP requires PE completed w/in 30 days prior to initial evaluation)

Labs (if appropriate)

Please fax all referral information to: **802-847-8747**

If you have any questions please call our Intake Coordinator at: **802-847-2125**

Please Review our Exclusion Criteria before submitting a Referral:

United Behavioral Health / Optum Insurance

Patients who have United Behavioral Health (UBH)/Optum Insurance coverage for mental health outpatient services will be responsible for the cost of services received and will be billed directly, as our services are currently considered Out-Of-Network. We ask that patients call their Insurance carrier to confirm individual coverage policies for mental health outpatient services before being seen for their appointment.

Seneca IOP/PHP and Mood & Anxiety programs:

Alcohol/Substance Abuse

We require patients to be 30 days clean before starting our programs (does not apply to Consult Services). If there is current alcohol/substance abuse, please discuss a referral to our DayOne clinic with your patient. If your patient is interested in achieving sobriety, with the aid of their PCP, please submit a new referral request along with the above stated clinical information once your patient is 30 days clean.

Stable Housing

We require patients to have stable housing before starting our programs (does not apply to Consult Services). Since our programs are intensive and require patients to focus, we have learned through experience that patients trying to cope with major distractions, such as inadequate or unstable housing, are not able to complete the programs or fully benefit from our services.

If your patient is still interested in our services once he/she is able to acquire stable housing, please submit a new referral request along with the above stated clinical information.

Anorexia/Bulemia

We do not currently treat patients with a Primary, active diagnosis of an eating disorder, as this is not an appropriate fit with our programs. However, we will frequently refer patients to:

Elena Ramirez PhD at The Adams Center for Mind and Body
802-651-8999 ext 2 South Burlington, VT 05403

Medical Marijuana

We do not currently treat patients who are being prescribed medical marijuana as this is not an appropriate fit for our programs.

Adult Psychiatry Clinic:

Patients diagnosed with ADHD/ADD are most appropriately referred to our Adult Psychiatry Clinic.
APC is a consultative service offered through our Resident clinic. Consultations are currently scheduled only on Tuesday afternoons, due to the limited availability in coordinating Resident and Attending schedules. Please note that since we commonly receive a high volume of referrals, our wait list can be extensive.

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Referrals CANNOT be processed until information required to determine admission criteria is received:

1. **Fill out our referral form completely**
2. **Include updated, supporting documentation; Summary or Progress Note, PE & labs if appropriate**
3. **Fax referral information to 802-847-8747 & thank you for helping us to better serve your patients**

Patient's Name: _____ **DOB:** _____

Address: _____ **SSN:** _____

Tel: (H) _____ **(C)** _____ **Message OK? Y / N**

INSURANCE: _____ *** MENTAL HEALTH INSURANCE:** _____

*** Geriatric Psychiatry referral only *** **Contact for Scheduling:** **Relationship to patient:** _____

Tel: _____ (H) (C) (W) **Message OK? Y / N** **Name:** _____

IP D/C Date: _____ ☐ **notify CM – Eval Date:** _____ **Time:** _____ **Clinician:** _____

Referral Information

- ☐ **Adult Psychiatry Clinic (Consultative Service)**
- ☐ **Geriatric Psychiatry Clinic (Consultative Service)**

Seneca Center Programs:

- ☐ **Partial Hospitalization Program (PE w/in 30 days)**
- ☐ **Intensive Outpatient Program**
- ☐ **Mood & Anxiety Disorders Clinic**
- ☐ **DayOne (Alcohol/Substance Abuse Clinic)**
- ☐ **Other:** _____

Date of Referral: _____

Office Contact: _____

Tel: _____

Fax: _____

Referred By:
(Please Print) _____

PCP: _____

Practice: _____

Tel: _____

Fax: _____

Psychiatrist: _____

Tel: _____

Fax: _____

Therapist: _____

Tel: _____

Fax: _____

Clinical Information

Psychiatric Diagnoses: _____

Areas Impacted (i.e. Work, Parenting, School, Marriage,etc.): _____

Medications: _____

Current Medical Problems: _____

Suicidal Ideation: No / Yes

Homicidal Ideation: No / Yes

Does the patient have a History of:

Suicide Attempts: No / Yes, When: _____

Aggressive Behavior: No / Yes, When: _____

Inpatient Tx: No / Yes, When: _____

Outpatient Tx: No / Yes, When: _____

Recent Alcohol/Substance Abuse: No / *Yes, Specify & When: _____

*Please discuss a referral to our DayOne clinic with your patient

Any Disabilities or Learning Differences: No / Yes, Explain: _____