



**MONTANA STATE HOSPITAL
MENTAL HEALTH CENTER
POLICY AND PROCEDURE**

**CONSULTATION
REFERRAL REQUEST**

Effective Date: January 18, 2006

Policy #: TCU-09

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- I. PURPOSE:** To establish a process to ensure patient needs, other than those directly provided by the T.C.U., are addressed in a timely and efficient manner.
- II. POLICY:** T.C.U. patients who have needs identified that can not be addressed directly by the T.C.U. or the referring treatment team will request services through the Montana State Hospital consultation referral procedures.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Attending Psychiatrist: will assess patient need and, as appropriate, initiate a consultation referral.
 - B. Medical Clinic: will execute the referral consultation request.
- V. PROCEDURES:**
 - A. Attending Psychiatrist will order services or request consultations for Rehabilitation Services (form attached) or Medical Clinical Services as deemed appropriate.
 - B. Identified needs of each patient will be addressed or have a clinical justification identified in the medical record as to why they are not addressed.
 - C. Hospital procedures will be followed in accessing hospital services.
- VI. REFERENCES:** Administrative Rules of Montana, Mental Health Center: Policies and Procedures 37.106.1908;
Rehabilitation Services Operational Service Plan;
Medical Clinic Operational Services Plan; and
Nursing Operational Services Plan
- VII. COLLABORATED WITH:** Director of Nursing Services, Medical Physicians
- VIII. RESCISSIONS:** TCU-09, *Consultation Referral Request* dated January 10, 2003; Policy #TCU-09-99-R, *Transitional Care Unit Consultation Referral Request* dated February 25, 2000; H.O.P.P. #TCU-09-99-N, T.C.U. *Consultation Referral Request* dated June 15, 1999.
- IX. DISTRIBUTION:** TCU Policy and Procedure Manuals

MONTANA STATE HOSPITAL
REHABILITATION SERVICES REFERRAL FORM

Pt. Name: _____ MSH#: _____ Wing _____

SS#: _____ D.O.B.: _____ Referral Date: _____

Vocational Therapy

Fire Safety

Living Skills

**FUNCTIONAL
ASSESSMENTS:**

Resident Employment

Problem Solving

Computer Lab

Range of Motion

Occupational Therapy

Adult Ed

Mental Illness Ed

Chemical Dependency

CD Services

A.A.

Dual-Diagnosis

Independent Household
Skills

Special Needs/Concerns/Additional Information:

RESULT OF REFERRAL:

Referring Physician

Date

Professional Submitting Referral Request

Date

Rehab Department Head

Date