



CENTERSTONE

Crisis Stabilization Unit Referral Form

Please complete the following form and fax to (618) 319-4720.

Referral Date: _____ Referring Worker: _____

Referring Organization: _____ City: _____

Phone Number: _____ Email: _____

Patient Name: _____ Primary Language: _____

Date of Birth: _____ Gender: _____

Race: _____ Social Security Number: _____

Type of Insurance: _____ Insurance ID: _____

Preferred Phone: _____ Ok to leave message? ____ Yes ____ No

Alternate Phone: _____ Ok to leave message? ____ Yes ____ No

Best time to contact: _____ Has the CSU been discussed with the patient? ____ Yes ____ No

Permanent Address: _____

Does the patient meet the following criteria:

- ☐ Experiencing a mental health crisis or exacerbated mental health symptoms (such as psychosis, hallucinations, increased depression, insomnia and poor appetite, feelings of hopelessness, paranoia, etc.) they are unable to manage in their current environment
- ☐ At least 18 years old
- ☐ Medically stable
- ☐ Does not require inpatient care
- ☐ Is not pregnant
- ☐ Is not a DCFS-involved youth in care
- ☐ Willing to participate in services, including assessment, treatment planning and groups
- ☐ Is not in current need of withdrawal management services

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- For patients in need of withdrawal management (detox) services, contact Centerstone's Fellowship House 24/7 at (618) 833-4456.
- ☐ Is either an Illinois resident with Illinois Medicaid/ Illinois Medicaid-Managed Care or a resident of any state with no insurance
- ☐ Understands that they will not be able to leave the CSU for class, work, etc. while receiving services

To enter services:

- ☐ Call the CSU at (618) 319-6069 – the phone is answered 24/7, to begin referral process. Admissions are scheduled Monday-Friday from 8:30 a.m. – 2 p.m. with trauma-informed crisis staff. The CSU does not take walk-ins at this time.
 - For patients discharging from hospitals, it is important to schedule the admissions appointment with the patient for the CSU prior to discharge to ensure care is continued uninterrupted.

Please provide the following documentation to Centerstone:

- ☐ Labs (if patient is stepping down from a hospital)
- ☐ Vitals (if patient is stepping down from a hospital)
- ☐ Health information (if patient is stepping down from a hospital)
- ☐ Crisis screen (if patient is stepping down from a hospital)
- ☐ Notes
- ☐ Mental health history
- ☐ Documentation of current crisis
- ☐ If admitted, patient's medication must be brought to CSU in original bottle and prescriptions should be sent to Genoa Pharmacy for delivery to CSU

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