CENTERSTONE

Crisis Residential Facility

PLEASE PRINT CLEARLY

Please complete and fax this Crisis Residential Facility Referral form and additional documentation/records to (618) 319-6069.

Referral Date: _____ Referring Worker: _____

Referring Organization: _____ Organization City: _____

Organization Phone Number: _____ Referring Worker Email: _____

Patient Name: _____

Primary Language: _____ Date of Birth: _____

Gender: _____ Race: _____

Type of Insurance: _____ Insurance ID: _____

Preferred Phone Number: _____ Ok to leave a message: Yes or No

Alternate Phone Number: _____ Ok to leave a message: Yes or No

Best time to contact: _____ Has the CRF been discussed with the patient: Yes or No

Permanent Address: _____

To address the patient's condition comprehensively, please circle all that apply from the following list:

Depression Anxiety Stress Paranoia Auditory Hallucinations Visual Hallucinations

Delusions Insomnia Suicidal Ideation Plan for Suicide Substance Use

Medication Noncompliance Poor Appetite Hopelessness Panic Attacks

Please explain any selected item:

_____

_____

_____

_____

_____

Pre-existing Medical Conditions/Current Medical Condition:

_____

_____

_____

_____

_____

List of current medications:

_____

_____

_____

_____

_____

Is the patient (please check if applicable):

_____ At least 18 years old

_____ Medically stable

_____ Does not require inpatient care

_____ Not a DCFS involved youth in care

_____ Willing to participate in services, including assessment, treatment planning, and groups

_____ Not in current need of withdrawal management services
* For patients in need of withdrawal management (detox) services, contact Centerstone's Fellowship House 24/7 at (618) 833-4456.

_____ 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 CRF for class, work, etc. while receiving services

To enter services:

Call the CRF at (855) 608-3560 to begin the referral process. Calls are answered 24/7. Admissions are scheduled Monday-Friday from 8:30 a.m. – 2:00 p.m. with trauma-informed crisis staff. The CRF does not take walk-ins at this time. Insurances accepted are Illinois Medicaid or Illinois Medicaid-Managed Care. Individuals with no insurance and no/low income may be eligible

For patients discharging from hospitals, it is important to schedule the admissions appointment with the patient for the CRF prior to discharge to ensure care is continued uninterrupted. If you are a community partner wishing to make a referral, please contact the CRF at (618) 319-6069.

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
- Notes
- Mental health history
- Documentation of current crisis
- If admitted, it is required that the patient's medication be brought to the CRF in the original bottles, and prescriptions should be sent to Medicenter Pharmacy in Carterville, IL.