

Georgia Department of Corrections

Facility: \_\_\_\_\_

CSU Referral Report

Offender: \_\_\_\_\_

\*\*Housing at time of Incident? (circle one)

GDC ID #: \_\_\_\_\_

GP      SLU      ISO/SEG

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Other: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Section 1: To be completed by sending facility

Home Facility: \_\_\_\_\_

CSU (circle one)						
ASMP	Baldwin	GSP	LASP	GDCP	Phillips	Valdosta
Contact Person		Title		Phone Number		Contact /Pager Number
Reason for Referral (indicate the Primary reason for referral by checking only one of the following)						
<input type="checkbox"/> Suicidal Behavior/Attempt		<input type="checkbox"/> Self-injurious Behavior		<input type="checkbox"/> Severe Psychosis		<input type="checkbox"/> Suicidal Threats/Statements
<input type="checkbox"/> Severe Depression		<input type="checkbox"/> Severe Mania		<input type="checkbox"/> Suicidal Thoughts/ideation		<input type="checkbox"/> Severe Aggression
<input type="checkbox"/> Other (describe below)						
Brief Description of Reason for Referral (include description of any injury to self or others)						
Target Symptoms and severity from last psychiatric progress note.						
Clinical Status (at home facility)				Medications (prior to crisis)		
Mental Health Level from home facility (circle one)						
1      2      3      4      5						
Most Recent Diagnosis:						
Level of Functioning (prior to this crisis).						
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Signature/Title of person completing Section 1 of this form:						

Section 2: To be completed by CSU facility.

Clinical Status in CSU the morning this document is faxed.						
<input type="checkbox"/> Restraints		<input type="checkbox"/> Sedated		<input type="checkbox"/> Agitated		<input type="checkbox"/> Disoriented
<input type="checkbox"/> Nervous		<input type="checkbox"/> Calm		<input type="checkbox"/> Hallucinating		<input type="checkbox"/> Other
Action taken by CSU Facility:		<input type="checkbox"/> Admitted to CSU		<input type="checkbox"/> Admitted to ACU		<input type="checkbox"/> Other
Admit Date:			Admit Time:			
If admitted, expected length of stay: <input type="checkbox"/> less than 24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 6 or more days						
Signature/Title of person completing Section 2 of this form:						

Section 3: Vendor Internal Use Only

Rec'd _____ (date)	Time: _____ AM/PM	Logged: _____ (date)	Clerical:
Admission Rating: <input type="checkbox"/> Appropriate Admission		<input type="checkbox"/> Questionable Admission <input type="checkbox"/> Inappropriate Admission	