CENTRE ADMISSION REFERRAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NORTHEAST BEHAVIORAL HEALTH CLINIC
SFN 1621 (10-2026)

Click Here to Clear Field Data

Client Name	Avatar ID Number	Date of Birth
Admission Date	Admission Time	
Admitting NEBHC Clinician Name		
Treatment Team	Psychiatry Provider	
Medical Providers, if applicable		
Emergent Medical Information, if applicable		
Primary Admission Diagnosis		
Primary Need and Goals of Admission		
Upcoming Appointments: Team, Medical, Psychiatry, and Other Services		
Helpful Interventions: Describe client-specific coping skills, escalation triggers, de-escalation strategies, and other helpful supports. If applicable, provide a copy of the Stanley-Brown Safety Plan to Centre.		

Admission Unit

Select all that apply: Complete the additional questions only fore the admission units selected.

☐ Crisis Residential (CSU)

Headcount Frequency: Select one

◯ Every 15 Minutes - Urgent ◯ Every 30 Minutes - Routine ◯ Every 60 Minutes - Stable

☐ Withdrawal Management

Substances Used: Select all that apply

☐ Alcohol ☐ Opiates ☐ Benzodiazepines

☐ Low-Intensity Residential - 3.1

Legal Status: Select all that apply

- ☐ Voluntary
- ☐ Involuntary - Provide Centre with copy of ATO and/or NGLCR
- ☐ Guardian - Provide Centre with copy of guardianship and include guardian's contact information in the Additional Comments at the end of referral.

Medications ◯ No ◯ Yes - Copy of MAR/Medication Orders Required.

Admission Criteria: Select all that apply

- ☐ Suicidal Ideation (SI)
- ☐ Homicidal Ideation (HI)
- ☐ Self-Injurious Behavior (SIB)
- ☐ Psychosis
- ☐ Severe Anxiety/Panic
- ☐ Mania
- ☐ Depression
- ☐ Substance Use
- ☐ Acute Psychosocial
- ☐ Other - Specify: _____

Groups

- ◯ No - If groups are established in the future, provide the schedule to Centre.
- ◯ Yes - Provide Group Schedule to Centre.

Client Leaves Against Staff Advice (ASA): Select all that apply

- ☐ Email NEBHC Team
- ☐ Immediately Call Team (Business Hours) or Crisis (Non-Business)
- ☐ Call Guardian-Guardianship
- ☐ Call GFSO-Commitment
- ☐ Other - Specify: _____

Additional Comments: Include any other pertinent client-specific information not addressed elsewhere in this referral, such as visitor considerations, privileges or restrictions, special accommodations, or other information relevant to the client's care and admission.