REQUEST FOR TRANSFER TO A DMH CHILD OR ADOLESCENT CONTINUING CARE INPATIENT FACILITY, IRTP OR CIRT PROGRAM**

Patient's Name _____ DOB: _____
(last) (first) (MI)

Referring Facility: _____ Name of Treating Physician: _____
Please print

Address: _____ Telephone: ( ) _____
(number and street) (apt no) (city) (state) (zip code)

Date of Admission: _____ **Legal Status:** _____
MM/DD/YY

Is child currently placed at an Intensive ART level of care? ☐ Yes ☐ No If yes, name of ART _____

_____ Admission date? _____

PHYSICIAN'S STATEMENT

I have reviewed the clinical criteria for referring patients to DMH for continuing care inpatient or intensive residential services and believe this patient requires this level of continuing care treatment. If the patient is accepted for transfer, the transfer will comply with M.G.L. c. 123, § 3, except for transfer to a CIRT program (children 6-12), which will be handled as a discharge.

_____, MD
Signature of Treating Physician (☐ check if child/adolescent specialist)

Date: _____

INSTRUCTIONS:

Please send the completed Application for DMH Child/Adolescent Continuing Care Services, this Transfer Request form, and the following attachments to the Child/Adolescent Screening contact for the Area in which the patient lives (permanent address).

1. Admission history	☐ Attached
2. Physical exam	☐ Attached
3. Psychiatric evaluation, including DSM-IV diagnoses (Axis I-V)	☐ Attached
4. Any other initial assessments (psychosocial, medication, etc.)	☐ Attached
5. Hospital course, including treatment plan, barriers to discharge, somatic therapies and compliance, alternative therapies considered, need for Section 7, 8 and 8b, estimate of response to continued treatment, reason why any recommended treatments were not tried (if applicable)	☐ Attached
6. Last 10 days of progress notes	☐ Attached
7. Current medications; history and rationale	☐ Attached
8. Copies of any relevant guardianships, including Rogers Order	☐ Attached

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****Note**: This form to be used only in conjunction with an Application for DMH Continuing Care Services. If requesting transfer for a child/adolescent who is already a DMH client, please use two-page transfer form (C/A-Tform/long/99 in Transfer Protocol).