



REQUEST FOR TRANSFER TO AN ADOLESCENT CONTINUING CARE INPATIENT, IRTP, OR CHILD CIRT SERVICE

Patient's Name:		DOB:	
(last)	(first)	(MI)	
Referring Facility:			
Name of Treating Physician:			
Address:			
(number and street)	(apt no)	(city)	(state) (zip code)
Telephone:			
<u>Date of Admission:</u>		<u>Legal Status:</u>	
Is the child currently placed at a CBAT / YCCS service?		Yes	No
If Yes, Name of Service:		Admission Date:	

PHYSICIAN'S STATEMENT

I have reviewed the clinical criteria for referring adolescent patients (13-18 years of age) to DMH for continuing care inpatient (ACCU) or intensive residential treatment services (IRTPs) and believe this patient requires locked 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 an unlocked clinically intensive residential service (CIRT) for children (6-12 years of age), which will be handled as a discharge.

, MD

Signature of Treating Physician

Date:

Check if child/adolescent specialist

INSTRUCTIONS:

Please complete and send this *Request for Transfer* form and the *Checklist to Refer Youth to a DMH Statewide Service (ACCU/IRTP/CIRT)* to DMH Central Office: transferscreenings@mass.gov. Please include the applicable items on the *Checklist*, including:

1. Psychiatric Initial Evaluation (including relevant psychiatric history and current diagnoses)
2. Physical Examination (including relevant medical history)
3. Clinical Assessments (including psychosocial, psychological, nutrition, or neuropsychological)
4. Psychiatrist's narrative of hospital course (treatment course, treatment adherence, medication trials, diversionary efforts, rationale for locked level of care [ACCU/IRTP])
5. Nursing Progress Notes (last 7 days prior to submission)
6. Psychiatrist's Notes (last 7 days prior to submission)
7. Current Medications (including last 7 days of MAR prior to submission)
8. Testing Information (including labs, radiology, and consultations)
9. Signed DMH Two-Way Authorization for Release of Medical Records between the hospital and DMH
10. Current Mittimus/Guardianship/Conservatorship
11. Current Section 8B/Rogers Order and Treatment Plan
12. DMH Request for Services Application (if youth is not a current DMH client)