

**University Wellness Center: CAPS**

**Referral to Psychiatry from a Local Therapist**

This form must be completed by a therapist in the local Sewanee area in order to refer an enrolled Sewanee student for psychiatric evaluation. In order to obtain this service, it is expected that the student will be concurrently engaged in counseling with a local provider and will be enrolled in the University during time of service. The following is expected to be reviewed with the student entirely prior to referral:

* Students should be aware that a referral to psychiatry is not a guarantee of services; students are scheduled for psychiatry appointments based on availability and eligibility.
* Eligibility for services is determined by an initial screening with the CAPS Case Manager and/or the Consulting Psychiatrist. Some students may not be eligible due to scope of services.
* Students seeking medication for ADHD/ADD are not eligible without submitting prior psychoeducational testing.
* If the student is **not** eligible for psychiatry services, CAPS will notify the referring therapist and provide private practice options in the area.
* If the student is eligible, CAPS will contact the student directly to schedule a psychiatry appointment.
* Please be aware that there may be a wait list for Psychiatry.
* Referrals for medication management are to CAPS’ Psychiatry. CAPS reserves the right to utilize University Health Service providers in cases as needed.
* Insurance is not required for appointments with CAPS’ Psychiatry. Insurance *is* required for prescription coverage and for any appointments with University Health Service, which may be utilized for follow-up management of stable patients.
* Any student using Psychiatry agrees to the following policies:

	+ - Medications will be prescribed *only* during appointments.
		- It is your responsibility to request medication refills in a timely manner; prescription refills are not written on a walk-in basis.
		- It is your responsibility to attend and/or reschedule your appointments in order to keep your medication regimen on schedule. Please keep in mind that psychiatry appointments are very limited – attendance is encouraged.
		- Students who are not in compliance with policies may be terminated. If a student has 2 no-shows, the psychiatrist will issue a letter stating assumption of termination of services and instructions on transferring care. Students who have been terminated due to these reasons are not eligible to return to CAPS psychiatry for later management.

CAPS Psychiatry Referral

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the student signed the attached consent form, allowing the referring clinician to speak with the consulting CAPS psychiatrist? (*Please include consent form when submitting referral*.) | Yes |  | No |  |
| The policies on page 1 have been reviewed with the student: | Yes |  |  No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Name: |  |  | Date: |  |
| Student’s Cell #: |  |  Does CAPS have permission to leave a message at  this number? | Yes |  | No |  |
| Student’s Sewanee email address: |  |  Does CAPS have permission to contact the student via email? | Yes |  | No |  |
|  |
| Referring Clinician: |  | Clinician Phone #: |  |
|  |  |  |  |  |

|  |
| --- |
| Reason for Referral: (include diagnosis/questions for differential diagnosis) |
|  |
|  |
|  |
| Presenting Problem: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Safety/Risk Issues: |
|  |
|  |
|  |
|  |
|  |
| Strengths: |
|  |
|  |
|  |
| Past Psychiatric/Medication Treatment: |
|  |
|  |
|  |
|  |
|  |
|  |
| Current Treatment: (type, length, frequency, goals and issues in current therapy) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Relevant Psychosocial History: (developmental/family/substance abuse hx/family mental health hx) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| On-going Medical Conditions/Health Problems: |
|  |
|  |
|  |
|  |
|  |
| Additional Relevant Information: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Please fax (931-598-1261) or submit completed referral to CAPS’ front desk.

Please make sure the consent form is completed and included. It is strongly recommended that the Schedule Form be completed and attached as well in order to streamline the referral process.