

Private Hospital Request for Transfer to RPH/Summit

Request Date: _____

Client Name: _____

Private Hospital Information

Requesting Hospital Name: _____

Clinical Contact Person: _____ Treating Physician: _____

Contact Information:

Phone: _____

Email: _____

Fax: _____

For Private Hospital completion

Client Service Information

Date of Admission: _____

Insurance Name: _____ Behavioral Health Coverage: _____

If no insurance, explain why: _____

Diagnosis: _____

Psychological Testing Info: Yes No N/A

If yes, provide details: _____

Compliant with psychotropic medications: Yes No N/A

Psychotropic medication(s) prescribed at this time: None

Drug Name	Dosage	Frequency	Therapeutic Level		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Number of previous admissions within the past year: _____

Month	Year	Facility	Length of Stay

Current Active Outpatient Treatment Provider Information:

Name: _____ Type of Treatment: _____

Name: _____ Type of Treatment: _____

Other Information:

For MHRB Completion

MHRB Review by: _____

Date Clinical Data Received: _____

Review of Data Comments: _____

Date Notification sent to Provider: _____

Admission Approval Decision /Comments*: _____

Date of RPH/ Summit Contacted if admission approved: _____

**If request is denied, an explanation will accompany this sheet*

Signature of MHRB Staff: _____ **Date:** _____

Private Hospital requests transfer to Regional Psychiatric Hospital (RPH) / Summit after Probate has been initiated

Contact MHRB at (513) 695-1695

Fax clinical information and Request for Transfer form to (513) 695-1776

Information reviewed by MHRB; additional information may be requested

Transfer approved?

Yes

MHRB contacts RPH/Summit with approval

Private hospital faxes clinical information to RPH/Summit

RPH/Summit CCO reviews clinical information

No

Client remains at Private Hospital

No

RPH/Summit accepts admission?

Yes

Client transferred to Summit