



University Behavioral Health of Denton
Referral Assessment Tool

Patient Name: _____ SSN: _____ DOB: _____ Age: _____
Address: _____ City: _____ State: _____ Sex: _____
Zip Code: _____ County: _____ Phone Number: _____

Chief Complaint/Precipitating Event: _____

Presenting Problems:

_____ Suicidal Thoughts: Current _____ Past 48 Hours _____ Not Applicable: _____
_____ Thoughts to harm others: Current _____ Past 48 Hours _____ Not Applicable: _____
_____ Excessive Worry or Unwanted Thoughts _____
_____ Depression/Sadness/Crying Spells _____
_____ Alcohol or Drug Use _____
_____ Psychotic or Delusional Behavior _____

Description of presenting problems _____

Current Medications: _____

Table with 6 columns: Medical Status, Yes, No, Medical Status, Yes, No. Rows include Urinary Tract Infection, Asthma/COPD, Diabetes, Hepatitis, Heart Disease, CVA (Stroke), Seizure Disorder, Current Detox Symptoms?, Hypertension, Incontinence, Open Wound/ Wound Care, Headaches, Fracture, Pregnant, Special Equipment (CPAP), Explain:

Can this patient return to your program upon discharge? YES NO
What is the preferred discharge plan? _____

University Behavioral Health of Denton is a mental health and chemical dependency facility that is available for psychiatric emergencies. We offer acute care inpatient, partial hospitalization (PHP) and intensive outpatient (IOP) programs. We apologize, we are not able to triage medical emergencies. If you suspect that your patient/client has taken an overdose or is experiencing medical distress, please call 911 or refer to your nearest emergency room. If you have questions, please contact our Care Center intake department at 940-320-8100.

University Behavioral Health of Denton accepts most insurance plans and is a Medicare and Medicaid provider. Upon patient request, UBH will accept transfers from other locations or facilities.

Assessment Completed by: _____ Date/Time: _____

Clinic/Facility Name: _____ Phone Number : _____

Address: _____

Please fax completed page to the Care Center at 940-239-0010