



**Notice of Admission Form for Inpatient Behavioral Health Services**

Notice of Admission Form and Crisis Evaluation should be faxed to 617-830-0118.

Today's Date: \_\_\_\_\_

Member Arrival to ED Date: \_\_\_\_\_ Time: \_\_\_\_\_

Intervention Requested Date: \_\_\_\_\_ Time: \_\_\_\_\_

Intervention Started Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Member Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Gender: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pronoun: \_\_\_\_\_

DOB: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Primary Diagnosis (F code): \_\_\_\_\_

Secondary Diagnosis (F code): \_\_\_\_\_

Additional Diagnoses (F code): \_\_\_\_\_

Does member have a medical complexity? Yes No If yes, is the member medically cleared? Yes No

What is medical complexity? \_\_\_\_\_

Guardian: Self Parent Rogers Legal/Guardian et Litem Health Care Proxy (HCP) Other

Name and phone number of who completed evaluation:

\_\_\_\_\_

Who is the contact for update mental status updates and bed search updates?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Member waiting at the following location:

Home

Hospital ( Emergency Department  MCI)

Name of hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital: Medical Unit

Name of hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other \_\_\_\_\_

Any Barriers to placement?  Yes  No

If yes, what are the barriers? \_\_\_\_\_

Has a bed been identified? Yes  No If yes, please complete this information:

Name of Inpatient Facility \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time of Admission: \_\_\_\_\_

Name of Clinician completing this form: \_\_\_\_\_ Date: \_\_\_\_\_