



Referral Packet for Courtyard Manor of Wixom

Please email/fax Referral Packets to Serenity Brain at: serenity@courtyardmanorwixom.com

Fax: 248-669-5035

Date: Referring Agency Name:

Agency Contact Name: Contact Person Phone:

Contact Person Email:

Resident Full Name: Date of Birth:

Gender: Social Security # Primary Language:

Medicaid Number: Medicaid Plan:

Medicare Number: Medicare Plan:

Private Insurance Plan and Number:

Current Placement (Where is Resident NOW) Name and Address:

Current Placement Contact Person: Phone #

Current Placement Contact Person Email:

Legal Guardian Name: Guardian Phone #

Guardian Address: Guardian Email:

HCBS

Courtyard Manor of Wixom (CYM) offers a delayed egress setting for safety.

Is delayed egress needed for:

- Medical Reasons Behavioral Reasons Active Psychiatric Symptoms from a severe, substantiated mental illness
 Not needed, but agreeable to come to Courtyard Manor

(Note: if delayed egress is not needed, the resident can agree to the delayed egress & will be offered a way to overcome the delayed egress.)

Provide detailed information on the resident's medical, behavioral, or severe active psychiatric symptoms. If the specific reason for delayed egress is behavioral (not medical or due to active, severe psychiatric symptoms), then a behavior plan may be needed:

Is there a current behavior plan in place? Yes No

If yes, describe current behavior plan:

Do they have any other restrictions in place: Yes No

If yes, describe:

Clinical/Medical Information

Psychiatric Diagnoses (List all: including primary and secondary diagnoses):

Medical Diagnoses (List all):

Allergies:

Urgent/Critical Needs:

List the predominant psychiatric symptoms the resident has:

Describe any history of medication non-compliance:

Does resident have a history of **verbal** aggression? Yes No

Most recent episode of verbal aggression (date):

Describe verbal aggression (racial slurs, swearing, etc):

Does resident have a history of **physical** aggression? Yes No

Most recent episode of physical aggression (date):

Describe physical aggression (punching, kicking, slapping, etc) (Provide detailed information):

Legal History (list all legal charges, convictions, and jail time):

Does the resident have a history of calling 911/Emergency Services? Yes No

If yes, describe:

Does the resident have a history of suicide attempts? Yes No

If yes, provide detailed information (# of attempts, methods used; dates of attempts, including most recent):

Describe any self-injurious behaviors:

Describe any history of elopement:

Describe any inappropriate sexual behaviors:

Is the resident appropriate for a co-ed setting? Yes No

Activities of Daily Living (ADLs)

Diet Texture (regular, cut up, mechanical soft, puree)

Liquids Regular, thin Nectar Thick Honey Thick Pudding Thick

Eating/Feeding Assistance Needed (describe):

Bathing Assistance Needed (Independent; needs prompting; needs physical assistance):

Dressing Assistance Needed (Independent; needs prompting; or needs physical assistance):

Toileting Assistance Needed (Independent; needs prompting; needs physical assistance):

Incontinent of Urine? Yes No

Incontinence of bowel? Yes No

Wears briefs? Yes No

Needs physical assistance with changing briefs? Yes No N/A

Assistive Devices (List all) (Wheelchair; walker; rollator; shower chair, toilet riser, etc):

What Activities do they enjoy?

Does the client smoke? Yes No

Attach the following documents:

- Most recent Case Mgmt/Psychosocial Assessment
- Current Treatment Plan/IPOS
- Most Recent Psychiatric Evaluation
- Most Nursing/Primary Care Assessment (if available)
- Most recent Psychiatrist Visit Note
- Current Behavior Plan, if applicable
- Current Medication List (Medical and Psychiatric Medications)