

MEDICAL CLEARANCE OF REFERRALS FOR ADMISSION TO NVMHI

Date _____ Time _____ Request for Medical Clearance

Individual's Name _____

Individual's Legal Status TDO CMA INVOLUNTARY VOLUNTARY

Date of Legal Status: _____ Date of Expiration of Legal Status: _____

CSB _____ Transferring Hospital _____

Primary Contact at Transferring Hospital _____

Phone Number _____ Fax Number _____

Required Information for Medical Clearance:

CSB Pre-Screen

Urinalysis

Vital Signs

Comprehensive Metabolic Panel

Medical History & Physical Exam

Urine Drug Screen

CBC

Blood Alcohol Level

Please note that additional tests may be recommended depending on results to assure that the individual can be cared for at NVMHI.

Required information to comply with Joint Commission standard for Continuity of Care and Handoff Communication between healthcare providers.

MD Admission Psychiatric Assessment

MD Progress Notes – last two weeks of hospitalization or from admission to date of request if Length of Stay less than two weeks.

Nursing Progress Notes – last two weeks hospitalization or from admission to date of request if Length of Stay less than two weeks.

Medication Reconciliation Record

Instructions:

1. Please check off boxes of information being sent.
2. Please fax all information at one time. Incomplete information cannot be processed for medical clearance and delays the process. Fax to: **Admissions Office (703) 207-7150**