

**Physician Consultation Referral**

The Physician Consultation referral form provides tracking and documentation of Physician Consultations requested and completed.

- You **must** complete a Physician Consultation Referral form each time you request a Physician Consultation.
- Consultant will return completed document to the Consultee by following the DBH Sending Confidential Information by Facsimile Policy ([COM0901](#)).
- An Authorization for Release of Protected Health Information (PHI) signed by the client **must** accompany this Clearance in order to disclose this information.
- Fax: (909) 501-0800

SECTION I: CONSULTEE INFORMATION			
Consultee Name:		Name of Treatment Agency:	
Phone Number:	Fax#:	Referral Date:	

SECTION II: PATIENT INFORMATION	
Client Name:	Client Number #:
Primary Alcohol or Other Drug Problem:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Duration of Use:	Pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Secondary Alcohol or Other Drug Problem:	If Pregnant, how many months:
Duration of Use:	

SECTION III: REFERRAL INFORMATION
Reason for Referral: <i>(enter a clear and concise clinical question to be answered by the consultant. Include relevant history, <u>any current medications</u> and clinical details that help to inform and provide context for the concern/question)</i>

SECTION IV: CONSULTATION INFORMATION <small>COMPLETE AND RETURN TO CONSULTEE</small>	
Consultant Name:	Date of Consultation:
Phone Number:	Length of Consultation: <i>(enter in minutes)</i>
Result of Consultation: <i>(enter recommendations provided based on your expert opinion)</i>	

Signature:	Date:
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GENERAL INSTRUCTIONS

Physician Consultation Referral Form

All fields of the form **must be completed** to have a Physician Consultation Service completed

SECTION I:

Consultee Name: is the name of the referring DMC-ODS Physician.

Name of Treatment Agency: is the name of Contracted Provider Agency.

Phone number: is the phone number at which the Consultee (DMC-ODS Physician) may be reached.

Fax Number: is the fax number at which the Consultee may receive Confidential Information from the Consultant.

Referral Date: is the date the Consultee is requesting Physician Consultation Services.

SECTION II:

Client Name: is the first and last name of the client being treated in which Physician Consultation Services are being requested.

Client Number: is the client's Behavioral Health Management Information System (BHMISS) number.

Primary Alcohol or Other Drug Problem: is the primary substance that is causing the greatest dysfunction to the client.

Secondary Alcohol or Other Drug Problem: is the secondary substance that is causing the second greatest dysfunction to the client (if applicable).

Duration of Use: is the timeframe in which the client has been using the primary and secondary substances.

Pregnancy Indicator: This indicated needs to be marked "Y" when the female client is pregnant.

If pregnant, how many months: is the number of months the female client is into the pregnancy.

SECTION III:

Reason for Referral: This section is where the Consultant will write a clear explanation as to the reason for the consultation. This will include any relevant history, any current medications and clinical details that help to inform and provide context for the concern/question.

SECTION IV:

Consultant Name: is the Name of the Consultant.

Date: is the date the Physician Consultation was completed.

Phone Number: is the phone number the Consultant can be reached.

Length of Consultation: is the time spent providing consultation, entered in 15-minute increments.

Result of Consultation: is the recommendations of the consultation based on their expert opinion. This entry will also serve as the documentation for the Consultant.

Signature: Signature of the Consultant.

Date: the date the Consultant signed the referral.