

Fax to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At: Southwest Behavioral Services

# Pages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Southwest Health Behavioral Services**

**Phone: 608-348-3656**

**Please Fax all information to: 608-342-3026 Attn: Linda Zick BSN RN-BC Director of Inpatient Behavioral Health or Charge RN**

**Preadmission Checklist**

**Step # 1 – Place call to SBS to start the inquiry process**

**Step # 2 – Fax the Preliminary Clinical Information & Lab Work for Medical Clearance**

1. Preliminary Clinical Information;

* Facesheet
* Last H&P
* MARs/TARs
* Completed “Crisis Plan” (see form)

1. Lab results – (must be within the last week);

* Urinalysis (UA)
* Complete Blood Count with Differential (CBC)
* Thyroid Stimulating Hormone (TSH)
* Comprehensive Metabolic Panel (CMP)
* Dilantin, Digoxin level or INR(if applicable)
* Blood Alcohol, Urine Drug screen (not applicable for nursing home or assisted living
* EKG if coming from emergency department or home
* Negative COVID-19 Screen.

**Step # 3– Clinical Information for Admission**

After you have received medical clearance, please fax the following information:

* Copy of all insurance cards
* Advanced Directives- DNR form (if applicable), POA paperwork (and activation form if applicable) , Guardianship paperwork (if applicable)
* Physician’s progress notes
* Psychiatric Evaluation and progress notes (if applicable)
* Physician Consults (ie neurology)
* Labs and x-rays past 3 months (including any head CT/MRI)
* Nursing notes, behavior notes, care plans (if applicable)
* AIMS/Tardive Dyskinesia Screen
* Social History
* Date last bowel movement and last shower
* Dietary needs
* Current weight
* Immunization record
* Psychiatric evaluation and diagnosis’s (If available)

**Step # 4– Notification of acceptance or denial to the unit**

* Once medical clearance has been established and the Psychiatrist has reviewed the above information, the social worker or nurse will notify you of acceptance or denial to the program. DO NOT SEND ANY PATIENT TO THE UNIT WITHOUT RECEIVING A CALL THAT HE/SHE HAS BEEN ACCEPTED

**Step # 5 – Coordinate transportation to the unit and send the following with the patient**

* Personal effects (shaver, toothbrush, hairbrush, etc.)
* Three (3) changes of clothing including night clothes and underwear
* Personal walker/braces/prosthetic devices/TEDS stockings

Revised 8/06, 2/07, 3/09, 7/09; 9/11;2/12; 2/13, 6/14 6/2021

**Items that are NOT allowed on the unit;**

* Finger nail files
* Nail clippers
* Straight edged razors
* Pins
* Aerosol spray cans
* Musical instruments
* Laptops/computer equipment
* Long shoelaces
* Belts
* Spiked heels or boots (no steel toes, metal tips, etc)
* Scissors
* Needles
* Glass objects (mirrors, glass bottles, vases, etc)
* Aluminum cans
* Hair dryers, curling irons
* Any electrical equipment with cords
* Heavy jewelry, large rings
* Tape recorders, radios, CD/DVD/MP3 players/IPODs, cell phones
* Matches or lighters
* Cameras
* Medications brought from home