



**RERERRAL PACKET CHECKLIST**

Confidential Fax Number: 843-851-5012

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

**Child's Name:**  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Parent/Legal Guardian Name:**  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Referring Agency:**  
\_\_\_\_\_

**Case Worker:**  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Prior to admission to Palmetto Summerville Behavioral Health, the following documents will need to be provided by a parent or legal guardian:**

- ❖ Copy of Social Security Card
- ❖ Copy of Birth Certificate
- ❖ Copy of Insurance card(s), front and back

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**The following should come from current Mental Health Provider and/or current treatment facility. Current documentation will assist us in more quickly determining the appropriateness of our program for the youth that you are referring:**

**Current Mental Health Treatment Center**

**Provider:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Mental Health Records**

- ❖ Psychological Evaluation
- ❖ Discharge/Transition Plan
- ❖ Psychosexual Evaluation
- ❖ Acute Placement History
- ❖ Certificate of Need \*
- ❖ CALOCUS \*



Summerville, South Carolina 29485  
Phone: (843) 851- 5015 / Fax: (843) 851 - 5012

**Social Services/Human Resources**

- ❖ Social History
- ❖ Permanency Plan/ Staffing Summary Justification
- ❖ Interstate Compact Agreement (approved 100-A, if applicable) \*

- ❖ Individualized Education Plan (IEP) – (if applicable)
- ❖ M- Team Certification
- ❖ Psycho-Educational Evaluation
- ❖ Comprehensive Clinical Assessment

**Medical Records**

- ❖ EPSD&T
- ❖ Medical History and Physical
- ❖ Immunization Records

**Court Documents – (if applicable)**

- ❖ Petitions
- ❖ Victim Statements
- ❖ Perpetrator Statements
- ❖ Probation Guidelines
- ❖ Police/Arrest Reports
- ❖ Witness Statements
- ❖ Judgments

**Please list Current Medication and Dosages:** \_\_\_\_\_

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**Prescribing Physician:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**School Records**

- ❖ Current Records and Cumulative Records

**Thank you for your consideration in Palmetto Summerville Behavioral Health. We look forward to working with you and your client. Please attach this form to the front of the packet of documents that you return. If you have any questions, please call 843-851-5015.**

**Please send documents to:**  
Fax Number: 843- 851-5012  
ATT: Admissions Coordinator  
Or email to: [Tina.Ramos@uhsinc.com](mailto:Tina.Ramos@uhsinc.com)