



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

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: _____

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

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 *

Social Services/Human Resources

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



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Medical Records

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

Please list Current Medication and Dosages: _____

Prescribing Physician: _____

Phone number: _____

Court Documents – (if applicable)

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

School Records

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

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

Or email to:

PalmettoSUMRVLintake@uhsinc.com