



MEDICAL RESPITE REFERRAL REQUEST FORM

Fax: 804-451-5990 Phone: 804-292-3030 ex 1039

DATE: _____

Your referral will be acknowledged upon receipt, and we will reach out to you with an appointment date and time for the patient to be evaluated by a DPHS medical provider if there are available beds. Please allow 24 hours for the referral to be reviewed and an appointment to be scheduled. Admissions are accepted between 8:00 AM and 4:30 PM, Monday through Friday.

Client Name: _____ DOB: _____

Client Phone Number: _____ Client SSN: _____

Referral Source: _____

Referral Source Contact Information (especially important when patient does not have a phone):

Email: _____ Phone: _____

ADMISSION CRITERIA - all answers must be Yes to be admitted

Yes / No

- Over age 18 and homeless
Willing to see a DPHS Medical Provider for evaluation prior to admission
COVID vaccination complete or in progress, or willing to receive vaccine upon arrival to respite
Able to exit the second floor of our building with minimal assistance in the event of emergency
Willing to collaborate with Medical Respite staff and providers
Able to function in a group setting

EXCLUSION CRITERIA - all answers must be No to be admitted

Yes / No

- Registered Sex Offender
Recent history of violent behavior (will not admit)
Displays suicidal or homicidal ideations; or shows gross disorientation or hallucinations

ADDITIONAL INFORMATION

Reason for Referral:

Multiple horizontal lines for writing additional information.

Does this client see a PCP or specialist regularly? Yes No If yes, who and where? -

Has the client recently been to the ER or admitted to the hospital? Yes No If yes, which hospital? _____



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HOMELESS VERIFICATION DOCUMENTATION

Please indicate patient/client's living status.

- Living on the streets or in a place not meant for human habitation
- Recently incarcerated
- Living in a treatment program
- Living with friends/family
- Living in a shelter
- Other _____

I verify that (patient/client name) _____, is homeless, and that this patient/client is in need of recuperative care. I am referring this patient/client to Daily Planet's Medical Respite for short term convalescent services.

Referring Source Signature

Date

Referral Source Name: _____



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DPHS MEDICAL RESPITE PROGRAM INFORMATION & EXPECTATIONS

Daily Planet Health Services (DPHS) Medical Respite is a short-term recuperative care program for adults with medical or behavioral health conditions requiring recuperative care for up to 30 days. The program serves up to 10 individuals at a time with two (2) clients per room. The program is co-located with DPHS Southside Health Center (SHC) above our medical, behavioral health, and dental practices. During your stay, you will be seen by a medical provider and a case manager. You will have the option of participating in behavioral health group, recovery group, and health education classes. Psychiatry, individual behavioral health therapy, and Peer Recovery Support services are also available. You are encouraged to accept DPHS as your medical home after discharge.

The DPHS medical provider and case manager will work with you to develop a plan of care during your stay. This plan will include resolving barriers to housing placement. You will be provided three meals daily. We do everything we can to make your stay at Daily Planet Medical Respite pleasant and productive.

SIGNING IN/OUT

Once you are fully vaccinated against COVID, most clients are able to come and go during the daytime hours so long as their medical provider feels it's safe for them to leave, and they sign in and out each time. All clients are to be in the facility by 5:30 PM.

MEDICATIONS

For everyone's safety, all medications are kept in a secure location during your stay. In order to assist in your recuperation, medical providers write care orders and staff assists you when taking medications.

SMOKING

Medical Respite is a **Smoke Free** program. Smoking is not allowed inside the facility. There is a designated smoking area outside, and help with smoking cessation will be offered during your stay.

SUBSTANCE USE

Medical Respite is a **Drug and Alcohol-Free** program. For everyone's safety, bringing alcohol, illegal drugs or drug paraphernalia onto the property, including prescribed narcotics that are not reported or turned in to Respite staff, is cause for immediate dismissal. Clients are subject to random urine and/or breathalyzer tests.

PATIENT BELONGINGS

Medical Respite is a **Weapons Free** program. No firearms are allowed on site. All your belongings will be checked and disinfected upon arrival. Any potentially harmful belongings will be checked in upon admission and returned to you upon discharge. No open flames of any kind are allowed inside the building, (i.e. candles, incense, etc.). If you have an automobile, you must show your license and insurance to park in the Medical Respite parking lot. Keys are left with staff for security and checked out when needed.

A complete set of guidelines are within the Client Handbook, including rights and responsibilities, and will be provided upon admission. Please sign below to indicate that you have reviewed these expectations.

Patient/Client Signature *Patient/Client Printed Name* *Date*