



MEDICAL RESPITE REFERRAL REQUEST FORM

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

DATE: _____

Thank you for your partnership with Daily Planet Health Services. Your referral will be acknowledged upon receipt. Please allow 24 hours for the referral to be reviewed. Admissions are accepted between 8:00 AM and 4:30 PM, Monday through Friday.

Client Name: _____ DOB: _____ SSN: _____

EXCLUSION CRITERIA – if the answer to any of these is Yes, we cannot admit patient

Yes / No

- Registered Sex Offender
Recent history of violent behavior
Displays suicidal or homicidal ideations; or shows gross disorientation or hallucinations

ADMISSION CRITERIA - all answers must be Yes to be admitted

Yes / No

- Proof of COVID vaccination, or willing to receive vaccine upon arrival to respite
Medically and psychiatrically stable as verified by physician documentation
Condition expected to improve within 30 days
Oriented to person, place, time and able to articulate this information
Requiring minimal to no assistance with Activities of Daily Living and medication administration
Willing to meet with Medical Respite staff and other health care providers when needed. Can function in a group setting.
Over age 18 and homeless

ADDITIONAL INFORMATION

Primary DX (ACUTE) _____ Secondary DX _____
Hospital Admit Date: _____ Discharge: _____ Expected Admit Date to Respite: _____
Distance able to walk? _____ Assistive Devices?: _____ Able to climb stairs? Yes No
Continent? _____ Wound Care Needs? _____ PT/OT Home Health Needs? _____
Home Care agency _____ Phone Number _____ # of Visits: _____

ADMISSION DOCUMENT CHECKLIST – PATIENT MUST HAVE PRIOR TO ADMISSION

- List of current prescribed medications by 10:00AM on the date of respite admission. We order meds from our pharmacy prior to the patient’s arrival.
Post hospitalization follow up appointments
Proof of TB test or copy of chest X-ray completed within the last 12 months
Completed DPHS Registration Packet – can be found on DPHS website

REFERRAL SOURCE CONTACT INFORMATION

Bon Secours (Specify facility) _____ VCUHS _____
VAMC _____



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MENTAL HEALTH RISK ASSESSMENT

Does patient/client have any of the following? *Check all that apply*

- Psychosis w/ uncontrolled symptoms
- Mood instability
- Confusional state/ dementia
- Major Interpersonal Conflict
- Substance withdrawal symptoms
- Recent Loss

During the hospital stay has client been on 1:1 Nurse Observation? Yes No

During the hospital stay, has client been on restraints? Yes No

During the hospital stay, has patient required PRN sedatives? Yes No

History of self-injury Yes No

Previous suicide attempt Yes No

Last attempt (date): _____

If yes, method of attempt(s): _____

Substance abuse/dependence Yes No Last use (date): _____ Completed detox? Yes No

Recent use of ETOH Yes No Last use (date): _____ Completed detox? Yes No

Additional Comments: _____

PRIMARY CARE PROVIDER INFORMATION

All clients will have a medical team directing their care while staying at Medical Respite. If the patient has a PCP, we will communicate their progress to the PCP; otherwise, DPHS will become the client's PCP.

Does this patient/client have a Primary Care Provider (PCP)? Yes No

If yes, PCP Name _____ Phone #: _____



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HOMELESS VERIFICATION DOCUMENTATION

Prior to hospitalization, please indicate patient/client's living status. Please select one.

- Living on the streets or in a place not meant for human habitation
- Recently incarcerated
- Emergency Shelter
- Living with friends/family
- Lost home/housing
- Other _____

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

Referring Source Signature

Date

Referral Source Name: _____

Phone # _____

Email (required) _____



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COMMUNITY 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 primary care 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, dental, vision, and Peer Recovery Support services are also available by request. 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

Most clients are able to come and go during the daytime hours so long as their 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 will assist 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. You may only drive once medically cleared to do so safely.

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