

Binghamton University Psychiatric Services Referral to Psychiatric Care Form

1) In order to receive psychiatric medication management services through Decker Student Health Services, we require students with active symptoms be engaged with a therapist/counselor (on or off campus, locally or at home by skype/phone appointments). We want to provide the most effective collaborative care for our students and are asking therapists or prescribers to fill out the information below and fax this form to our office (607-777-5280) to help link the student with medication management. The student can also be given the form to upload into our secure health portal if faxing is not an option. The student will not be given an intake appointment until this information is received.

2) Once we have received this form from the therapist and/or prescribing provider, we will schedule the student with a mental health initial appointment if they are appropriate for the services we offer. If more intensive care is needed, we will give them information regarding off campus providers. We do not provide urgent/emergent psychiatric services; this is done through our local Emergency Room, UHS Binghamton General Hospital CPE 607-762-2302.

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- Diagnosis and brief summary of reasons for referral to medication evaluation (include diagnoses, past medication trials and responses to medications if known):

- Date of last time and next time you will see the student:

- Number of sessions/appointments you have had with the student:

- Will you continue to treat the student while in school or over breaks?

- Your recommendations for talk therapy (example, # sessions per week, group or individual, etc., OUR COUNSELING CENTER PROVIDES ONLY BRIEF THERAPY and groups).

Therapist/Provider/MD, NP, DO, contact information:

Name and credentials:

Phone number and fax number:

E-mail address (if used, patient will be referred to by initials and non-identifying information only):

Signature: _____ Date: _____