

## Tips for Completing the Secure Facility/Long Term Care (SF/LTC) Referral Form

The SF/LTC Referral Form is intended to be a summary of the clinical information presented in the referral packet. It gives the referring facility an opportunity to provide information that will convince the Long Term Care (LTC) facility that the client is appropriate for their program. It is also the first document the LTC facility reviews since it is a source for the demographic and clinical information.

Please be sure that the **Contact Information** for the facility is correct and legible. The social worker named should be the person at the facility who the LTC facility can contact for more information, to arrange admission, or to ask questions. If the contact information changes, please fax in the new contact information so that it can be added to the packet.

The **Diagnosis** must be the most recent diagnosis; it may be different than the diagnosis on the MD's Health and Physical chart note.

The **Risk Factors** should be completed based on the client's current risk while in the LTC facility. Historical risk factors can either be documented in "Comments on Risk Factors" or "Dangerous Propensities".

The use of "boiler plate" language does not build a strong case for the client. Every referral should be individualized so that the important or unique qualities of each client stand out. A **Reason for Referral to SF/LTC** stating that the "Client has been determined to be gravely disabled by the Conservator, and the Court has ordered Locked Placement" does not convey any important or unique qualities because that is one of the admission requirements for a referral to SF/LTC.

Comments on Facility Course should give both an overview of the treatment the client has received, and the client's response to treatment. It does not need to be overly detailed, but this is where one builds a case that the client needs SF/LTC placement. Comments such as "See chart" do not summarize the treatment and do not provide information that will assist a facility in determining whether or not a client is appropriate for admission. Specific examples give more information than generalizations. For example, "Client continues to have delusions that yellow pills are poison" provides a more accurate picture of the client than "Client is delusional".

Including dates in the **History of Prior Hospitalizations and placements** is important. Responses such as "many" or "lots" have less impact than "Three hospitalizations in the last three months" or giving the specific hospitalization dates in the last year. Stating "See Anasazi" does not provide information if the staff reviewing the packet do not have the ability or time to access Anasazi.

In conclusion, please remember that this form is the first contact that a facility has with the client who is being referred. By providing a summary of the clinical information, the facility is introducing the client to a possible placement. The SF/LTC Referral Screening Form is a valuable place to make the case that the client is appropriate for placement at this level of care.

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