

Inpatient Medical Screening

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**Please Answer the Following Questions Completely
To be completed by a physician/surgeon after examining the youth.**

Signature _____

1a. Medically stable with no medical problems Yes No Initials

Current active medical problems, symptoms, or complications, include duration and severity. Also, current treatment of problems:

1b. History of chronic medical problems, status & treatment:

2. Current medications, dosages, start date, Prescribing Physician:
(contact telephone number with extension):

3. Allergies/adverse reactions to medications:

4. Recent prior medications, response, why discontinued:

5. Dietary restrictions:

6. Special Medical equipment/supplies:

7. Last PPD and date:

8. History of Head Trauma:

9. History of seizures:

NAME: LAST, FIRST _____

Instructions for processing completed referral form (See Page 2).

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Instructions for processing completed referral form:

1. Print a hard copy of completed referral form by clicking on the button "Print Form" on the tool bar at the top of this page.
2. Sign the Inpatient Medical Screening form.
3. Send an electronic copy of the Inpatient Medical Screening form to Paul Woodward by clicking on the "Submit by Email" button on the upper right corner of the first page of the form.
4. Close the Inpatient Medical Screening form by clicking on the "X" in the red box in the upper right corner of the tool bar.
5. Fax the completed, signed Inpatient Medical Screening form to the intake coordinator at the inpatient psychiatric program (refer to list below these instructions) and to Paul Woodward at (916) 262-1087.
6. Send an e-mail notification to the intake coordinator and to Paul Woodward with the subject line: CONFIDENTIAL FAX SENT - Inpatient Medical Screening Form.
7. Make telephone contact with the intake coordinator and with Paul Woodward (916-838-2108) to ensure that they know that the fax has been sent to them.
8. Ensure that the completed, signed Inpatient Medical Screening form is expeditiously given to the staff assigned to assemble the entire packet.

Inpatient Psychiatric Program Contact Information:

<u>Program</u>	<u>Intake Coordinator</u>	<u>Phone</u>	<u>Fax#</u>	<u>Email</u>
CTC	Laura Poncin	(909) 606-5000 x 2489	(909) 606-5025	laura.poncin@cdcr.ca.gov
ICF	Doug Strosnider	(562) 868-9979 x 2505	(562) 868-8775	doug.strosnider@msh.dmh.ca.gov
MSH	Alonzo Townsell	(562) 651-4456	(562) 863-8031	atownsel@dmhmsh.state.ca.us
NSH	Stacy Cone	(707) 254-2377	(707) 253-5684	scone@dmhnsh.state.ca.us
PSH	Susan Thompson	(909) 425-7864	(909) 425-0160	STHOMPSO@dmhpsh.state.ca.us
SVH	Mike Swauger	(916) 288-0316	(909) 688-5440	michael.swauger@psysolutions.com

NAME: LAST, FIRST _____