

# Admission Fax Transmittal Form

**TO:**



5680 Frisco Square Blvd. Suite 3000  
Frisco, TX 75034  
Admissions: 469-535-8001  
Fax: 972-531-9191  
Email: [FriscoIntake@havenllc.com](mailto:FriscoIntake@havenllc.com)

**FROM:**

|                              |       |  |
|------------------------------|-------|--|
| Referral Source Company Name |       |  |
| Sending Employee Name:       |       | Title:                                 |
| Date:                        | Time: | # of Pages including this cover sheet: |

**Point of Contact:** (Who should Haven call to ask questions and give updates on acceptance or denial?)

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**If Haven needs to speak to YOUR NURSE**

Nurse Name: \_\_\_\_\_ Nurse Number: \_\_\_\_\_

**Reason for Referral:** What is the reason your resident/client is needing inpatient behavioral health treatment? Check all that apply

- Suicidal Thoughts
- Homicidal Thoughts
- Psychosis (recent onset)
- Mood Swings (new or significant increase)
- Depression
- Sleeping Problems
- Withdrawal Symptoms
- Anxiety (new or significant increase)
- Grief and Loss
- Mania
- Other (please detail) \_\_\_\_\_

**Description of other details NOT in Nurse Notes regarding patient's current crisis / need for treatment**

Today patient's orientation is: \_\_\_\_\_

On a good day patient's orientation is: \_\_\_\_\_

**\*\*\* Must attach Face Sheet, MAR, Nurse Notes with evidence of disturbance, recent labs \*\*\***