HUMAN SERVICES CENTER
3515 BROADWAY AVENUE
PO BOX 7600
YANKTON, SD 57078-7600
PHONE: 605.668.3138
FAX: 605.668.3429
WEB: DSS.SD.GOV

CLINICAL REVIEW SUMMARY FORM

In response to your request for a Clinical Review of the patient/resident residing at your facility we request that you complete the information below to assist staff in preparation for providing treatment suggestions. Please be as thorough as possible when completing this form. Once the form is completed, please fax the form to the Admissions Nurse at the South Dakota Human Services Center at 605-668-3429. If you have questions, contact the Admissions Nurse at 605-668-3138.

Date:_________________________

Referring Agency:____

Name of Referent/Phone Number/Fax Number/Email Address:

____

Patient Name:____

Date of Birth:__________________

Is this patient a Veteran? Yes ☐ No ☐

Date of Admission to the Nursing Home or Assisted Living Facility:________________________

Name of Medical Provider:____

Name of Psychiatric Provider:____

Presenting Problems/Reason for Psychiatric Clinical Review (Describe the patient behaviors. When did the behaviors begin? How often are the behaviors occurring? What interventions have been attempted? What interventions have been helpful? Do you notice any antecedents to the behaviors?)**:**

Current Medications (please list name and dosages):

Recent Medication Changes (please list name, dosages, and date of medication changes):

Date/Results of Last Diagnostics (labs – provide dates, labs ordered and results; radiology; etc.):

Medical Diagnoses:

Psychiatric Diagnoses:

Who are the Residents/Patients Supports?

What are the Resident/Patient's Interests (hobbies, routines, work/life history)?

What is the Resident/Patient's Healthcare Coverage? ____

Signature/Title ____ **Date** ___________________________

The Clinical Review Team will respond within 48 hours of receiving the Clinical Review Summary Form (excluding weekends and holidays). Please indicate how you prefer the response to be sent to you (Fax or Email). Please check one: Fax ☐ Email ☐