



South Dakota  
Department of  
**Social Services**

**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 Resident/Patient's 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 ☐**