

HIGHLANDS HOSPITAL
401 East Murphy Avenue
Connellsville, Pennsylvania 15425
724.628.1500



EAC REFERRAL FORM

Date: _____

Admission Date: _____

Referring Agency _____ Contact Person _____

Contact phone _____ Contact fax number _____

Contact email _____

Patient name _____ DOB _____

Gender at birth _____ Preferred gender identity _____

Primary insurance _____ Secondary insurance _____

County of residence _____

Reason for current admission _____

Reason for EAC referral _____

Previous 12 months of MH/DA _____

History of/or current legal charges _____

Previous history of State Hospitalizations Please circle Yes No

If yes, Dates/ length of stay: _____

Recommending Physician name _____

County Liason name/number _____

Highlands Hospital is an equal opportunity provider and employer.

TDD/TYY - 724-628-4816

Evolving Care... for Life

highlandshospital.org

EAC REFERRAL PACKET

Please send the following documents:

- Demographic sheet
- Completed Referral form
- Admission Psychiatric Evaluation
- Psychosocial evaluation (Social Worker)
- Medical History and Physical
- MAR
- Height, weight, vital signs
- Daily Multidisciplinary notes since admission:
 - Nursing (Initial Assessment and daily progress notes)
 - Social Workers
 - Group notes
 - Therapy notes
 - Medical consultant's documentation
 - Psychiatrist's documentation
- Admission Commitment Form
- Current Commitment Form
- Isolation Status
- Medical equipment needs
- Diagnostic testing and/or labs
- Treatment Plan/Disposition Plan
- Support system (names and phone numbers)
- History MH/DA treatment/Discharge summaries from previous admissions
- If patient is deemed appropriate for the EAC we may require additional testing for communicable diseases prior to official acceptance.

*Please note that we will be requesting updated records while processing referral and awaiting disposition/transfer and acceptance.

While awaiting transfer if patient condition worsens, our psychiatrist reserves the right to delay or divert the admission.

We will also require discharge summary on day of transfer.

***PLEASE SEND ALL REFERRAL INFORMATION DIRECTLY TO:**

EAC@highlandshospital.org

Director: Susan Mongell 724-626-2258 smongell@highlandshospital.org

fax 724-620-5558

Case Worker: Jodie Higinbotham 724-626-2282 jhiginbotham@highlandshospital.org

Nursing Station (*Serenity*) 724-626-2470

Unit fax: 724-620-5468

