Georgia Department of Corrections **Facility: _____**

CSU Referral Report **Offender: _____**

****Housing at time of Incident? (circle one)** **GDC ID #: _____**

GP SLU ISO/SEG **DOB: _____Age: _____**

Other: _____ **Race: _____ Sex: _____**

Section 1: To be completed by sending facility **Home Facility: _____**

CSU (circle one)

ASMP Baldwin GSP LASP GDCP Phillips Valdosta

Contact Person	Title	Phone Number	Contact /Pager Number

Reason for Referral (indicate the Primary reason for referral by checking only one of the following)

[ ] Suicidal Behavior/Attempt [ ]Self-injurious Behavior [ ] Severe Psychosis [ ] Suicidal Threats/Statements
[ ] Severe Depression [ ] Severe Mania [ ] Suicidal Thoughts/ideation [ ] Severe Aggression
[ ] Other (describe below)

Brief Description of Reason for Referral (include description of any injury to self or others)

Target Symptoms and severity from last psychiatric progress note.

Clinical Status (at home facility)	Medications (prior to crisis)
Mental Health Level from home facility (circle one) **1 2 3 4 5**	
Most Recent Diagnosis:	
Level of Functioning (prior to this crisis). **[ ] Good [ ] Fair [ ] Poor**	

Signature/Title of person completing Section 1 of this form:

Section 2: To be completed by CSU facility.

Clinical Status in CSU the morning this document is faxed.

[ ] Restraints [ ] Sedated [ ] Agitated [ ] Disoriented [ ] Oriented [ ] Angry [ ] Sleeping [ ] Threatening
[ ] Nervous [ ] Calm [ ] Hallucinating [ ] Other

Action taken by CSU Facility: [ ] Admitted to CSU [ ] Admitted to ACU [ ] Other

Admit Date:	Admit Time:

If admitted, expected length of stay: [ ] less than 24 hours [ ] 1 day [ ] 2 days [ ] 3 days [ ] 4 days [ ] 6 or more days

Signature/Title of person completing Section 2 of this form:

Section 3: Vendor Internal Use Only

Rec'd _____ (date) Time: _____AM/PM	Logged: _____ (date)	Clerical:

Admission Rating: [ ] Appropriate Admission [ ] Questionable Admission [ ] Inappropriate Admission

Retention Schedule: Upon completion, this form shall be placed in the offender's medical file (Infirmary Section with CSU/ACU packets) and retained for ten (10) years.