

**DayBridge Referral Form**  
**640 Jackson Street, St. Paul, MN 55101**  
**Phone: 651-254-2402 Fax: 651-254-6655**

**TODAY'S DATE:**

<b>Referring Agency Information</b>			
Agency, Clinic, or Hospital:	Inpatient Unit: Discharge Date:	Phone:	Fax:
Contact Person:	Phone:	Fax:	Pager:
<b>Patient Information</b>			
First Name:	Last Name:	D.O.B.:	
<b>Please complete or attach documentation which must contain all of the following information:</b>			
Age:	Gender:	Pronouns:	Interpreter needed? Language:
Marital Status:			
Housing Status: Living Arrangement:		County of Residence:	
Home Address:  City, State & Zip:		Home Phone #:  Alternate Phone #:	
Outpatient Psychiatrist Name: <b>If none, please indicate.</b>		Phone #:	
Case Manager Name: If none, please indicate.		Phone #:	
Primary Insurance:	ID #:	Group #:	
Secondary Insurance:	ID #:	Group #:	
<b>Diagnosis:</b>    			
Current or Recent Chemical Use:    ___Use        ___Abuse        ___N/A Date of Last Use: Drug(s) of Choice: CD Assessment Status:    _____Assessment needed    _____ Assessment done Referral made _____ N/A			
Is Client Dangerous to Self or Others (currently or by history)?        Yes        No			

**Reason for Referral to Partial Hospitalization****Client programming preference (please circle one):****No preference          Virtual          In-person**

Client need:

Client group Readiness:

Commitment Status:

Follow-up Appointments:

Does client have enough support to maintain their safety in the community?

Please attach the following clinical documentation:

History and physical or initial assessment \_\_\_\_\_

Current progress notes or MD discharge summary \_\_\_\_\_

Medication list \_\_\_\_\_

ROI \_\_\_\_\_

Commitment papers if applicable \_\_\_\_\_

\* The following insurances are typically accepted:

- Cigna
- HealthPartners
- Medicaid/Medical Assistance, MN Care and most PMAPs
- MN BCBS
- Medica/Optum Health
- United Health Care/ United Behavioral health
- PreferredOne
- Americas PPO
- UMR
- Medicare (Typically covers up to 80% after deductible, if no supplement)
- TriCare (in person only)

\*It is the client's responsibility to check their specific insurance plans regarding in-network benefits and/or copays and co-insurance requirements.