

RADIAS Health - Compass FEP Referral Form & Screening Tool
Serving primarily Ramsey, Anoka, and Washington Counties

Date of Referral:

Name:	Phone:	
Gender & Pronouns:		
Date of Birth: (must be age 15-40 to be eligible)	Social Security #:	
Is the person aware you're making this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No- If no, how can we best coordinate? How does the person feel about being referred? <input type="checkbox"/> Agreeable <input type="checkbox"/> Uncertain <input type="checkbox"/> Uninterested - engagement needed		
Primary Language/Interpreter Needs:		
Additional Cultural Considerations:		
Home Address:		
Current location if other than home:		
Primary Insurance Company:	ID Number:	
*please provide copy of both front & back of the insurance card if possible.		
Policy Holder Information (if other than self):		
Name:	Relationship:	
Address:		
Date of Birth:	Phone Number:	Email (optional):
Referring Party Name / Agency:		
Email:	Phone:	

Compass requires that the person has experienced psychotic symptoms most likely attributable an existing or emerging schizophrenia spectrum disorder. *Please check all that apply:*

- Hallucinations: Sensory experiences such as hearing voices or sounds, smells, tastes, visuals, distortions or tactile feelings that others cannot perceive.
- Delusions: Unusual beliefs that can lead to high levels of fear, anxiety or paranoia for no apparent reason or an unfounded reason; episodes of depersonalization (e.g. belief that they do not exist or that their surroundings are not real); belief that other people are putting thoughts in their head, stealing their thoughts, can hear their thoughts out loud or can read their minds (or vice versa).
- Negative Symptoms: Includes difficulty experiencing pleasure, feeling motivated or enjoying activities like they used to; flat affect; significant decline in either academic, vocational, social or personal (e.g. sleep, hygiene) functioning.
- Thought Disorder/Disorganized Communication: Including flight of ideas, rapidly shift between topics, tangential, unusual word choice or pattern of expression, repetition of words or ideas, accelerated or slow processing, thought blocking, nonsensical or incoherent speech, etc.
- Grossly disorganized or catatonic behavior: Can include difficulty in goal-directed behavior, unpredictable agitation or silliness, social disinhibition, abnormal motor behavior (e.g. rigidity, bizarre posture, pacing), or marked decrease in reactivity to environment (e.g. mutism, stupor).

Other noted diagnoses:

Reason for referring to Compass (why is this service level needed, how to you hope it will help the person):

Current Providers (Name / Agency / Phone) and Relevant Information:

Psychiatrist: _____

Current psychiatrist agrees with referral? Yes, Unknown, No -
If not, why: _____

Other providers: Therapy, ARMHS, CADI, TCM, etc.): _____

Other academic, legal or community supports (e.g. school counselor, probation officer, CPS, coach, mentor, cultural or spiritual advisors):

Name	Email:	Phone:	Role:
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Current sources of income: SSI / SSDI-RSDI / MFIP / Employment / Other:

Current medications (attach list if possible):

Currently under Civil Commitment: Yes, No

Eligibility Screen: *In addition to experiencing psychosis, the following inclusion criteria apply:*

- Person must be age 15 to 40
- Symptoms of psychosis emerged less than two years ago
- Received less than one year of lifetime treatment with antipsychotics
- IQ of 70 or above
- Other causes of psychosis have been ruled out and symptoms are not better explained by temporary or chronic effects of substance use, a medical diagnosis, or other conditions including mood disorders, personality disorders, depersonalization/derealization disorder, or pervasive developmental disorders including Autism

If available, include the following records. If not available, we may need to work with you and the individual to get records before making an eligibility determination.

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|--|--|---|
| <input type="checkbox"/> Diagnostic Assessment
(within one year) | <input type="checkbox"/> Current and Historical Hospitalization
Records / Dates | <input type="checkbox"/> Civil Commitment / Prepetition
paperwork (current / historical) |
|--|--|---|

Please either fax or send referrals via secure email. You will be contacted within 24 business hours to determine next steps. We are happy to consult prior to referral.

Compassreferrals@RADIASHealth.org / Fax 651-291-7378 / Phone 952-529-5898