



THE OASIS PROGRAM
DEPARTMENT OF PSYCHIATRY

Phone: (919) 962-1401
Fax: (919) 962-7373

Consult

Please Note: A consultation does not mean acceptance to the OASIS Program for ongoing care.

Please carefully review all pages of this form, including the checklist of documents to be included with the referral packet. Once all documents and forms have been received, our referral specialist will be in contact with you within 72 business hours to set up the consultation appointment(s). This form and all needed documents can be faxed to the OASIS program at 919-962-7373, to the attention of "Referrals".

Patient Information

Name: _____ Date of Birth: _____

Address: _____

County of residence: _____ Phone: (home/cell) _____

Family Contact: _____ Relationship: _____

Phone: (home/cell) _____ (work) _____

Reason for Referral: _____

First Onset of Psychosis: _____

Insurance: _____

Referral Source Information

Clinic/Facility Name: _____ Phone: _____

Patient's Provider Name(s): _____

Address: _____

Fax: _____ E-mail: _____

Form Completed By: _____ Date Completed: _____

<u>For OASIS Use Only:</u>		Date Received: _____
Referral Taken By: _____		Date Contacted: _____
Accepted: _____	Referred Out: _____	Initial Appointment: _____
Disposition: _____	Probation: _____	Outpatient Commitment: _____



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The following information was prepared so that you might have a clear understanding of what to expect from a Consultation at the OASIS program.

You were referred by your private provider to the OASIS program for a consultation. This does not constitute admission to our program.

An appointment for a Consult will be set upon receiving appropriate records from the referral source.

Consultation:

1. **Consultation with psychiatrist:**
 - 120 minutes face to face (plus time spent reading history, reports, and follow up telephone calls)
 - Our psychiatrist will discuss the results with you and your family members.
 - Within 30 days, our psychiatrist will send a report to your referring provider summarizing our findings and recommendations.

2. **Consultation for Families:**
 - OASIS offers 2 to 3 sessions for families that request help in dealing with the illness of psychosis. Consultation for families will be provided by an OASIS family therapist.

3. Consultations are also available for individuals and their families living out of our catchment area (over 90 minutes from their place of residence to OASIS), and our quarterly psychoeducation group is opened to those individuals.

Billing:

- As a courtesy to you and your family, we will get an authorization from your health insurance company for services.
- You are responsible for any co-pay, co-insurance, or deductible at the time of your appointment.
- If you do not wish to file the visit to your insurance, or you do not have insurance coverage, you will be expected pay at the time of your appointment. Self-pay charges paid at the time of service will be discounted according to UNC Healthcare/Department of Psychiatry policy.

Cancellations & No Shows:

- If you cannot make your appointment, we ask that you please notify us at least 24 hours in advance.

PLEASE SIGN and DATE and return to the OASIS program at 919-962-7373, to the attention of "Referrals".

Signature of client: _____

Date: _____

Signature of family member: _____

Date: _____

Important Documents to be Provided by the Referral Source

Please send the following to complete the referral packet. This will help us do the best job possible for your referral:

- _____ Intake and referral form completed with accurate identifying data (included in this packet)
- _____ Signed release of Information form for current providers (form available on our website)
- _____ Notes from Psychiatry outpatient visits, including the initial evaluation
- _____ Any psychiatric consultation reports
- _____ Any documents in which medical, developmental or behavioral health history has been summarized
- _____ Reports of any medical tests or studies such as CTs, MRIs, EEGs, etc.
- _____ Lab reports
- _____ Notes from PCP visits (if appropriate)
- _____ Notes, reports from any other medical specialty (neurology, genetics, GI, etc.)
- _____ Discharge summaries from any hospitalizations, medical or psychiatric or from Emergency Room visits
- _____ Psychological test reports