For BCNP Committee Use Only

Referral form received: _____

Date committee discussed: _____

Disposition: _____

Referral for Admission
BC NEUROPSYCHIATRY PROGRAM
Inpatient Services

PATIENT INFORMATION

Patient Name: (include alias)_____

PHN: _____ **Age:** _____ **Date of Birth:** _____**(dd/mm/yyyy)**

Patient's Home Address (w Facility Name if applicable) **Current Hospital and Unit Phone number**

Facility Admission Date: _____ **Hospital Admission Date:** _____

Referral Contact (Mon-Fri)

Phone: ..... **Fax: .....**

☐ Voluntary Admission ☐ Certified under Mental Health Act

Referring Psychiatrist:

Name:_____

Phone: .....

Fax: .....

General Practitioner:

Name: _____

Phone: .....

Fax: .....

Other Care Providers:

1. Name: ..... Phone: .....
   Specialty: ..... Fax: .....

2. Name: ..... Phone: .....
   Specialty: ..... Fax: .....

3. Name: ..... Phone: .....
   Specialty: ..... Fax: .....

4. Name: ..... Phone: .....
   Specialty: ..... Fax: .....

Date Certification will expire (dd/mm/yyyy): _____

Reason for Referral:

Please indicate the areas that are applicable to this admission request. In order for us to better understand your patient's needs, indicate the goals/expectations for each relevant service.

☐ **Diagnostic Clarification & Assessment** (*goals and expectations)*

☐ **Pharmacologic review/treatment trials**

☐ **Behaviour assessment/management**. (*goals and expectations)*

Please comment on special care needs, special equipment used, etc:

If patient unable to manage current community/residential placement, state why:

Describe current community placement/housing status (e.g. hospital, extended care, group home, assisted living, SIL, block apartment, supported/congregate care, family care, independent, homeless, step-down beds, R&B, etc.)

Diagnosis **(please do not use numbers)**

Axis I: .....

.....

.....

Axis II: .....

.....

.....

Axis III: .....

.....

.....

Medical/ Nursing problems: .....

.....

.....

.....

.....

.....

Assistive Devices (mobility aids; lifts; special clothing; etc) ❑ **patient owned** ❑ **borrowed**

.....

.....

Potential challenges for treatment: .....

.....

.....

.....

.....

RISK BEHAVIOURS

Aggression/violence	❑ Current ❑ Past ❑ None	**Forensic involvement**	❑ Current ❑ Past ❑ None
Self-Neglect	❑ Current ❑ Past ❑ None	**Fire risk**	❑ Current ❑ Past ❑ None
Suicidal ideation	❑ Current ❑ Past ❑ None	**Self Harm**	❑ Current ❑ Past ❑ None
Homicidal ideation:	❑ Current ❑ Past ❑ None	**Falls**	❑ Current ❑ Past ❑ None
Elopement	❑ Current ❑ Past ❑ None	**Inappropriate touch**	❑ Current ❑ Past ❑ None

Other: _____❑ Current ❑ Past

Please comment and include safety plan if *Current or Past* checked off:

SOCIAL /LEGAL ISSUES

Housing (describe type of housing prior to hospitalization; indicate whether patient still has their own housing)

Finances: ❑ PWD ❑ regular IA ❑ CPP/CPP-D ❑ LTD ❑ GIS

❑ work income ❑ other_____

Monthly income amount: _____

Finances are managed by: ❑ patient ❑ other (name and phone)_____

_____

Patient has: please tick all that apply, and provide copies of relevant documentation:

❑ Power of Attorney ❑ Representation Agreement

❑ Committee of Person ❑ Level of Intervention / DNR

❑ Advanced Care Directive/MOST ❑ children in care

❑ TSDM: name and number _____

❑ Adult Guardianship issues _____

❑ Currently on Probation, for _____

❑ Legal charges outstanding, for/court dates _____

❑ Review Panel requested, scheduled for _____

Additional comments

Discharge Plans

Please clearly indicate where this patient will be returned to after inpatient Neuropsychiatry:

Has this facility signed a Return Agreement? ☐ Yes ☐ No

Primary Contact Person for discharge planning: .....

Phone: ..... Fax:.....

Discharge Site/ Facility: .....

Phone: ..... Fax:.....

Potential barriers to discharge: .....

.....

.....

Consent & Decision Making

Is the Client

Aware of the referral?	☐ Yes	☐ No
Aware of the tentative discharge plan?	☐ Yes	☐ No
Capable of consenting to the admission?	☐ Yes	☐ No
In agreement with the referral?	☐ Yes	☐ No

Is the Client's Family

Aware of the referral?	☐ Yes	☐ No
Aware of the tentative discharge plan?	☐ Yes	☐ No
In agreement with the referral?	☐ Yes	☐ No

Other Comments:

.....

.....

.....

Form completed by: _____	Date: _____
Position: _____	Contact Phone #: _____

NEUROBEHAVIORAL INVENTORY - REVISED 2004 (NBI-R)

PATIENT _____ **DATE** _____ **RATER** _____

CHECK THE APPROPRIATE BOX AND CIRCLE THE APPROPRIATE SUBCATEGORY

1	NUTRITION	☐ NEEDS TO BE FED	☐ EATS WITH ASSISTANCE	☐ EATS WITH PROMPTING	☐ EATS INDEPENDENTLY
2	BLADDER	☐ INCONTINENT	☐ CONTINENT IF TOILETED	☐ SELF-CONTINENT WITH PROMPT	☐ SELF-CONTINENT WITHOUT PROMPT
3	BOWEL	☐ INCONTINENT &/OR SMEARS	☐ CONTINENT IF TOILETED	☐ SELF-CONTINENT WITH PROMPT	☐ SELF-CONTINENT WITHOUT PROMPT
4	BATHING GROOMING	☐ NEEDS TO BE BATHED & GROOMED	☐ BATHES/GROOMS WITH ASSISTANCE	☐ BATHES/GROOMS SELF WITH PROMPT	☐ BATHES/GROOMS SELF - NO PROMPT
5	DRESSING	☐ NEEDS TO BE DRESSED	☐ DRESSES WITH ASSISTANCE	☐ DRESSES SELF WITH PROMPT	☐ DRESSES SELF WITHOUT PROMPT
6	MOBILITY	☐ BED/CHAIR BOUND	☐ MOBILE WITH WHEELCHAIR	☐ MOBILE WITH WALKING AIDS	☐ INDEPENDENTLY MOBILE
7	ORIENT	☐ DISORIENTED	☐ ORIENTED WITH WRITTEN PROMPTS	☐ ORIENTED WITH VERBAL PROMPTS	☐ ORIENTED NO PROMPTS
8	SPATIAL ORIENTATION	☐ UNABLE TO LOCATE BEDROOM	☐ LOCATES BEDROOM SIGN NEEDED	☐ LOCATES BEDROOM NO SIGN NEEDED	☐ LOCATES ALL ROOMS
9	WANDERS	☐ WANDERS; NEEDS LOCKED DOORS	☐ WANDERS; NEEDS CLOSED DOORS	☐ WANDERS BUT RETURNS	☐ NO WANDERING
10	SOCIAL 1:1	☐ MUTE & UNRESPONSIVE	☐ MUTE BUT RESPONSIVE	☐ LITTLE VERBAL OUTPUT	☐ VERBAL & ACCESSIBLE
11	SOCIAL GROUP	☐ ISOLATES	☐ PISA (XM) WITH PROMPT	☐ PISA (XM) WITHOUT PROMPT	☐ SPONTANEOUS PEOPLE SEEKING

PISA (XM) = participates in scheduled activities (excluding meals)

12	ATTENTION	☐ GSA 0-15 MINUTES	☐ GSA 15-30 MINUTES	☐ GSA 30-60 MINUTES	☐ GSA > 60 MINUTES

GSA = ability to sustain-goal directed activity in minutes

13	SCREAMING YELLING	☐ CONSTANTLY	☐ FREQUENTLY	☐ OCCASIONALLY	☐ NEVER
14	MOTOR RESTLESSNESS	☐ 3/3	☐ 2/3	☐ 1/3	☐ 0/3
		a. pacing	*b. frequent changing positions*	*c. foot tapping and/or hand wringing*	
15	DISINHIBITION	☐ 3/3	☐ 2/3	☐ 1/3	☐ 0/3
		a. irritable, loud or silly	*b. intrusive - verbal or interpersonal space*	*c. inappropriate public habits*	
16	APATHY	☐ 3/3	☐ 2/3	☐ 1/3	☐ 0/3
		a. aimless/mindless lying &/or sitting for hours		*b. quiet*	*c. slow*
17	AGGRESSIVE BEHAVIOR	☐ COMBATIVE UNPREDICTABLE	☐ COMBATIVE PREDICTABLE	☐ VERBALLY THREATENING	☐ NO INAPPROPRIATE AGGRESSION
	Frequency of aggression:		*a. daily b. 2-3 per week c. 1 per week d. 1 per month e. 1 per 6 months*		
	Date of most recent episode:				
18	SEXUAL BEHAVIOR	☐ PUBLIC SELF PLAY/DISPLAY	☐ PRIVATE SELF PLAY/DISPLAY	☐ INAPPROPRIATE TOUCHING/REMARKS	☐ NO INAPPROPRIATE BEHAVIOR
	Frequency of sexual behavior:		*a. daily b. 2-3 per week c. 1 per week d. 1 per month e. 1 per 6 months*		
	Date of most recent episode:				
19	COMPLIANCE ADL'S	☐ REFUSES TO PARTICIPATE IN ADL'S	☐ PIADL STRONG PROMPT	☐ PIADL MODERATE PROMPT	☐ PIADL MILD/NO PROMPT

PIADL = participates in activities of daily living

20	COMPLIANCE TREATMENT	☐ REFUSES	☐ STRONG PROMPTS	☐ MODERATE PROMPTS	☐ MILD/NO PROMPTS

NEUROBEHAVIORAL INVENTORY – REVISED 2004 (NBI-R)

INSTRUCTIONS

1. **Check the behaviors that best describe the patient such as in Questions 12, 14, and 16: these items may require the assessor to obtain the relevant data from caregivers who have spent sufficient time with the patient.**

2. **Abbreviations are explained below a specific question.**

3. **Questions 14, 15 and 16 are each broken down into 3 subcategory behaviors. CIRCLE the behavior/s that apply and then indicate the total that apply, e.g. 0/3, 1/3, 2/3 or 3/3.**

e.g. **MOTOR RESTLESSNESS** ☐ **3/3** ☑ **2/3** ☐ **1/3** ☐ **0/3**

a. pacing **b. frequent changing positions** **c. foot tapping &/or hand wringing**

4. **Questions 17 and 18: circle the frequency of the specified behaviour and the date that an aggressive or sexual behaviour last occurred.**

e.g. **AGGRESSIVE BEHAVIOR** ☐ **combative unpredictable** ☑ **combative predictable** ☐ **verbally threatening** ☐ **no inappropriate aggression**

Frequency of aggression ***a. daily*** ***b. 2-3/week*** ***c. 1/week*** ***d. 1/month*** ***e. 1/6 months***

Date of most recent episode ***3 July 2001***

5. **Behaviors: most are self-explanatory.**

   a. **Prompting means the patient needs coaxing and/or supervision.**

   b. **Disinhibition:**
      i. **irritable, loud and/or silly**
      ii. **intrusive, e.g. barges into personal space, nursing station, or office; verbally interruptive, lacking awareness of, or insensitive to, appropriate social cues.**
      iii. **Inappropriate public habits, e.g. voids, passes gas, picks nose in public.**

6. **Private self-play/display means the failure to stop sexual self-play/display when privacy is interrupted.**

T. A. Hurwitz

Initial Referral Information Checklist

Must provide in a legible format. One consultation must outline patient history, hospitalizations, and other relevant treatment data. Incomplete referral packages will delay the screening and admission process.

- ❑ Completed referral form clearly outlining goals of admission
- ❑ NBI (attached)
- ❑ Hospital (Adm/Sep) face sheet (where applicable)
- ❑ Current Psychiatric Consultation/Assessment (current stay)
- ❑ Current Neurology Consultation
- ❑ Current physical examination and current physical status summary (include allergies, recent illnesses)
- ❑ IMAGING reports
- ❑ Most recent IMAGING on CD – if from a different HA than admitting facility (UBC site = VCH. Hillside Centre site = IHA)
- ❑ Current laboratory investigations
- ❑ Other relevant consultations (medical, previous assessments, etc.)
- ❑ Written Discharge Commitment (attached)
- ❑ Nursing Care Plan
- ❑ Current medication profile (MAR)
- ❑ Social Work/Occupational Therapy notes on this admission
- ❑ Involuntary Status – send forms 4, 5, 6, 13,15, 20
- ❑ Cohen-Mansfield Agitation Inventory (for Hillside Centre only), covering the next 7 days. Date and forward when completed.

Please send your *completed* BCNP inpatient referral package
to the appropriate contact for regional approval*

Fraser Health: Rick Gremm
Fax: 604-519-8548
Phone: 604-519-8597

Interior Health: Joanna Macaulay
Fax: 250-314-2410
Phone: 250-314-2171

Northern Health: Doug England
Fax: 250-565-7416
Phone 250-645-6088

Vancouver Island Health: Dana Leik
Fax: 250-740-2689
Phone: 250-755-7691

Vancouver Coastal Health: BCNP Office
Fax: 604-822-7491
Phone 604-822-9758

*Only *complete* referrals will be put triaged,
as per the BCNP inpatient referral package checklist

For BCNP outpatient referrals use the separate outpatient form and fax to:
BC Neuropsychiatry Program – 604-822-7491

For all program inquiries please call:
604-822-9758

Peter Dawson, RN, MSN
Program Coordinator
BC Neuropsychiatry Program
TEL: 604.822.7369
FAX: 604.822.7491
email peter.dawson@vch.ca

BC Neuropsychiatry Program
c/o UBC Hospital, Detwiller Pavilion
Vancouver, BC V6T 2B5

Phone: 604.822.9758
Fax: 604.822.7491
Web: www.bcnp.ca

BCNP Sites
UBC Hospital: Vancouver
Hillside Centre: Kamloops

DATE: _____

RE: Discharge Commitment / Return Agreement

In order to maintain a responsive system, we understand that discharges from the tertiary system to the referring communities will be required.

This letter is to advise that we will accept _____
(Patient/Client)

back to _____
(Hospital or Facility)

Specific Unit/Ward/Floor/Program _____

within 30 days (Hillside Centre) or 7 days (UBC Hospital) of his/her readiness for discharge from BCNP In-Patient programming.

_____
Patient Care Coordinator or Manager

Phone Number: _____

_____
Referring Psychiatrist

This form must be completed before an admission will be scheduled.

Patient: _____

Date: _____ Rater: _____

Cohen-Mansfield Agitation Inventory (CMAI)

Please read each of the 29 agitated behaviors and check how often each was manifested by the patient since the last visit. 1 = never, 2 = less than once a week, 3 = one or twice a week, 4 = a few times a week, 5 = once or twice a day, 6 = a few times a day, 7 = a few times an hour.

Physical / Aggressive

1.	Hitting (including self)	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
2.	Kicking	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
3.	Grabbing onto people	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
4.	Pushing	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
5.	Throwing things	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
6.	Biting	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
7.	Scratching	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
8.	Spitting	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
9.	Hurt self or others	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
10.	Tearing things or destroying property	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
11.	Making physical sexual advances	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7

Physical / Non-Aggressive

12.	Pace, aimless wandering	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
13.	Inappropriate dress or disrobing	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
14.	Trying to get to a different place	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
15.	Intentional falling	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
16.	Eating/drinking inappropriate substances	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
17.	Handling things inappropriately	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
18.	Hiding things	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
19.	Hoarding things	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
20.	Performing rep. mannerisms	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
21.	General restlessness	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7

Verbal / Aggressive

22.	Screaming	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
23.	Making verbal sexual advances	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
24.	Cursing or verbal aggression	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7

Verbal / Non-Aggressive

25.	Rep. sentences or questions	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
26.	Strange noises (weird laughter or crying)	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
27.	Complaining	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
28.	Negativism	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7
29.	Constant unwarranted request for attention or help	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7