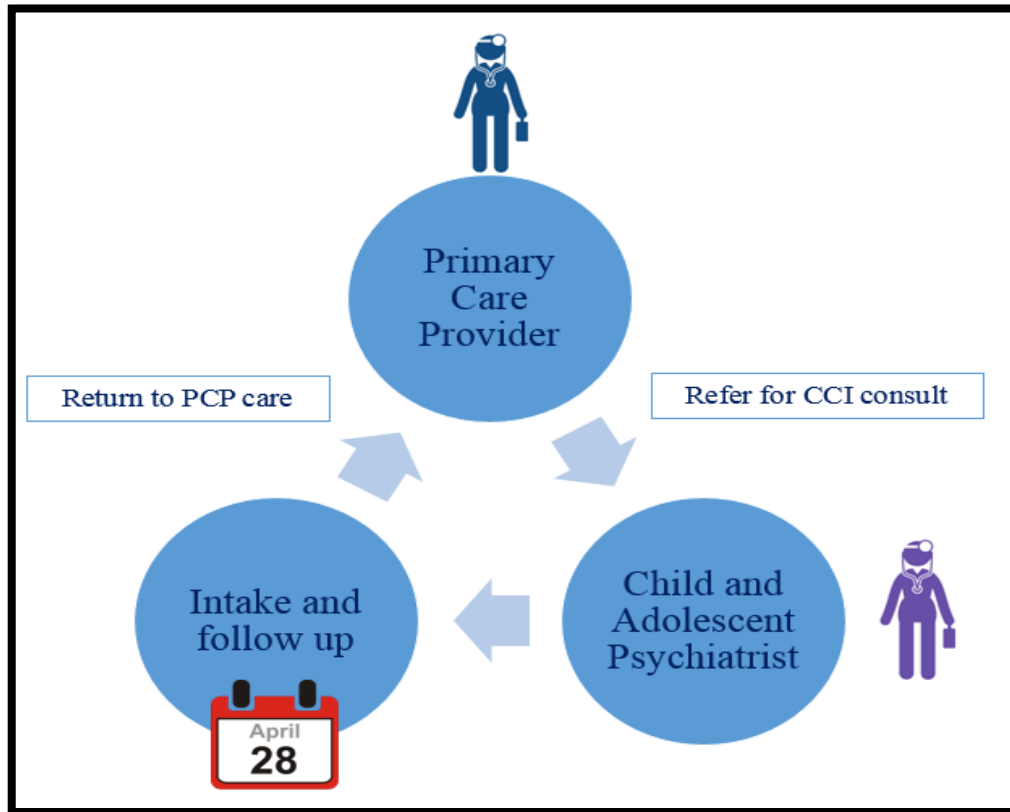


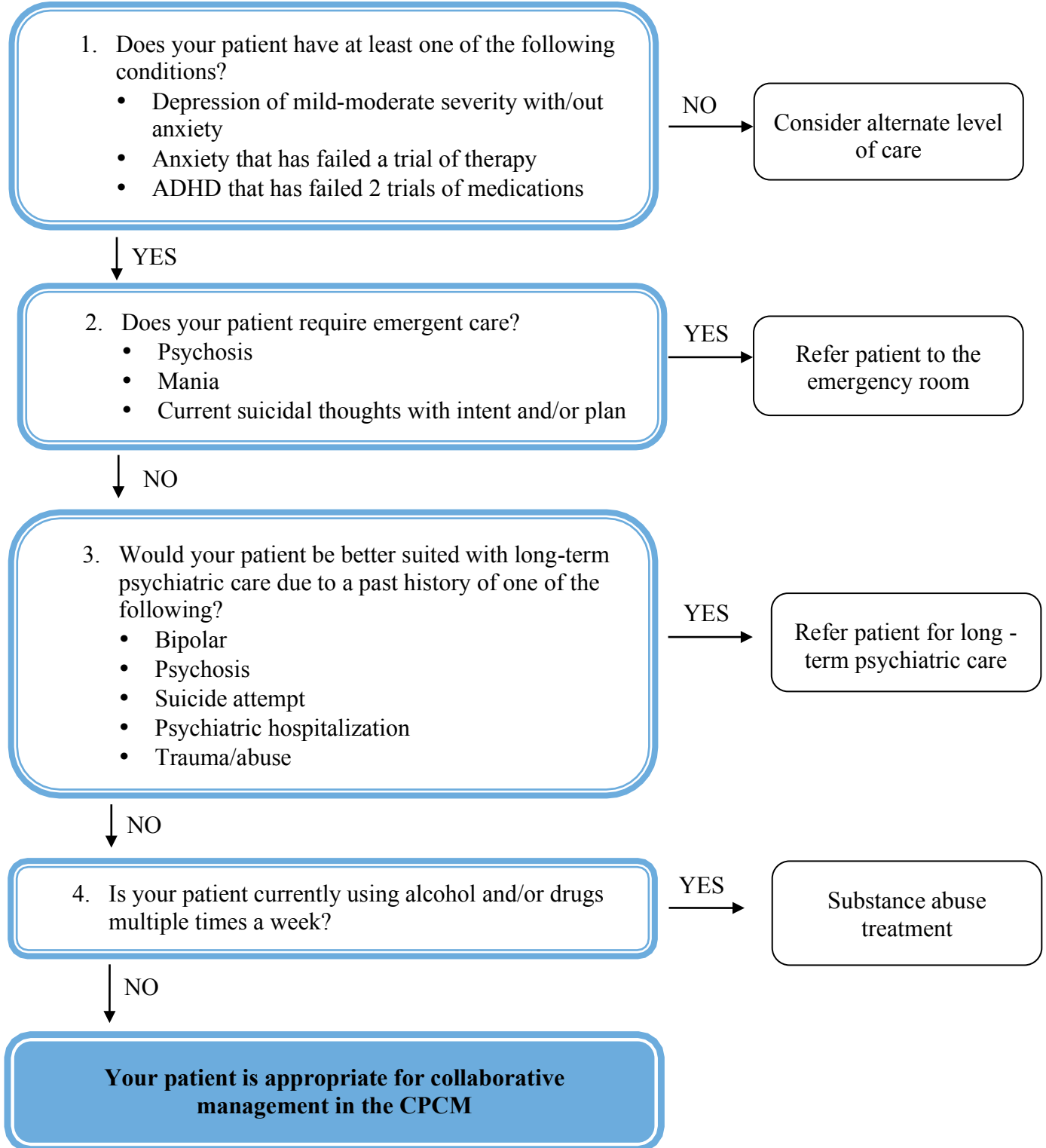
Collaborative Care Psychiatry Consultation



Please make sure that your CCI Referrals have the following information:

- Completed REFERRAL FORM with correct insurance and contact information for the patient
- FACE SHEET
- Most recent CLINIC NOTE

How do you know if your patient would benefit from the Child Psychiatry Consultation Model?



Collaborative Care Model: Psychiatry Providers and Insurance Information

University of Florida Psychiatry	Daniel
<p>Please FAX referral forms and your most recent clinical note to: (904) 383-1660</p> <p>Attention: Sharon Richards</p> <p>Phone: (904) 383-1656</p> <p>Locations:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>DuPont Station 6266 DuPont Station Ct Jacksonville, FL 32217</p> </div>	<p>Please FAX referral forms and your most recent clinical note to: (904) 448-7700</p> <p>Attention: Summer Deckert</p> <p>Phone: (904) 296-1055 ext 2752</p> <p>Locations:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>3101 University Blvd.S. Suite 100 Jacksonville, FL 32216</p> </div>
<p>Now Accepting Referrals:</p> <ul style="list-style-type: none"> Dr. Kitty Leung, MD Dr. Aylin Saner, MD Dr. Victor Santos, MD 	<p>Now Accepting Referrals:</p> <ul style="list-style-type: none"> Dr. Elise Fallucco, MD (University Blvd) Elizabeth “Sam” Sampson, ARNP
<p>UF Health is “in-network” for:</p> <p>Aetna</p> <p>BCBS</p> <p>Capitol Health Plan</p> <p>Cigna</p> <p>GatorCare</p> <p>Humana (commercial plans)</p> <p>MHNet</p> <p>Tricare (Standard)</p> <p>United Behavioral Health (Commercial)</p>	<p>Daniel is “in-network” for:</p> <p>Children’s Medical Services (CMS) Title 19+ 21</p> <p>Magellan Complete Care of FL MMA</p> <p>Medicaid Molina MMA</p> <p>Sunshine Health MMA</p> <p>United Behavioral Health (Medicaid)</p> <p>Wellcare of FL (Medicaid)</p>

Collaborative Care Psychiatry Consultation Request Form

<p style="text-align: center; background-color: yellow;">UF Health:</p> <p>Please FAX request form, face sheet and your most recent <i>clinical note</i> to (904) 383-1660</p> <p>Attention: Sharon Richards</p> <p>Phone: (904) 383-1656</p>	<p style="text-align: center; background-color: yellow;">Daniel:</p> <p>Please FAX request form, face sheet and your most recent <i>clinical note</i> to (904)-448-7700</p> <p>Attention: Summer Deckert</p> <p>Phone: (904) 296-1055 ext 2752</p>
Patient Name:	Date of Birth:
Patient Phone #:	Health Insurance and policy #:
Service Requested: <input type="checkbox"/> Collaborative Care Model: consultation and up to 3 follow-up visits with plan for patient to return to PRIMARY CARE provider for long-term psychotropic medication management	
Does the patient have a past history of bipolar, psychosis, or psychiatric hospitalization?	
<input type="checkbox"/> Yes; <i>If so, please refer instead to Psychiatry for Traditional Care</i>	
<input type="checkbox"/> No	
Is the patient currently using alcohol and/or drugs multiple times a week?	
<input type="checkbox"/> Yes; <i>If so, please refer instead for substance abuse treatment</i>	
<input type="checkbox"/> No	
Reason for Consult: <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Other (describe):	
Current symptoms of mental illness and changes in school/home functioning:	
Has the patient tried psychotropic medication? <input type="checkbox"/> Yes (please list medications) <input type="checkbox"/> No	
Is the patient currently being treated with psychotherapy?	
<input type="checkbox"/> Yes (by whom)	
<input type="checkbox"/> No	
Score on Patient Health Questionnaire – 9 Item (PHQ9), if relevant:	
Score on SCARED, if relevant:	

Name of Referring PCP:
Fax# for Referring PCP: http://partnershipforchildhealth.org/collaborative-ccp/
Phone # for Referring PCP: