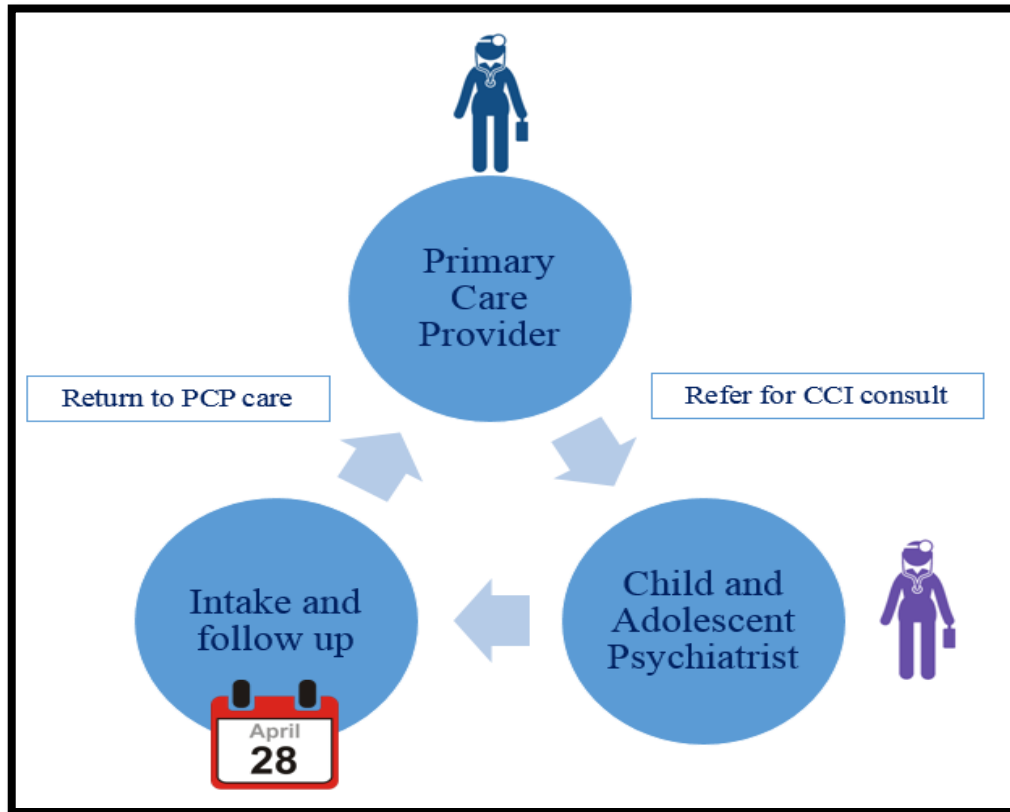


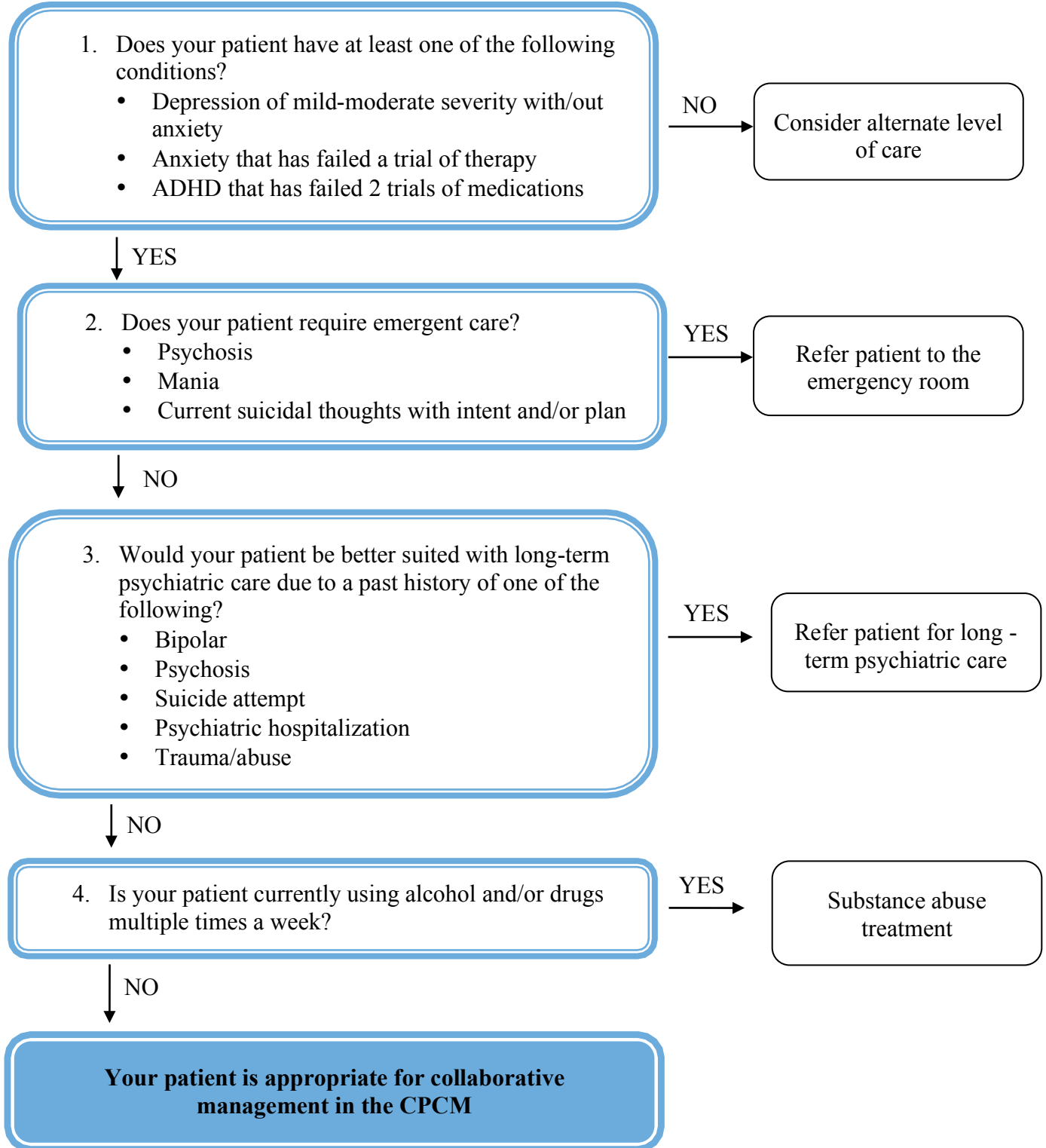
## Collaborative Care Psychiatry Consultation



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

<b>University of Florida Psychiatry</b>	<b>Daniel</b>
<p>Please <b>FAX</b> referral forms and your most recent clinical note to: (904) 383-1660</p> <p>Attention: Sharon Richards</p> <p><b>Phone:</b> (904) 383-1656</p> <p><b>Locations:</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>DuPont Station</b> 6266 DuPont Station Ct Jacksonville, FL 32217</p> </div>	<p>Please <b>FAX</b> referral forms and your most recent clinical note to: (904) 448-7700</p> <p>Attention: Summer Deckert</p> <p><b>Phone:</b> (904) 296-1055 ext 2752</p> <p><b>Locations:</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>3101 <b>University Blvd.S.</b> Suite 100 Jacksonville, FL 32216</p> </div>
<p><b>Now Accepting Referrals:</b></p> <ul style="list-style-type: none"> <li>Dr. Kitty Leung, MD</li> <li>Dr. Aylin Saner, MD</li> <li>Dr. Victor Santos, MD</li> </ul>	<p><b>Now Accepting Referrals:</b></p> <ul style="list-style-type: none"> <li>Dr. Elise Fallucco, MD (University Blvd)</li> <li>Elizabeth “Sam” Sampson, ARNP</li> </ul>
<p><b>UF Health is “in-network” for:</b></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><b>Daniel is “in-network” for:</b></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;"><b>UF Health:</b></p> <p>Please <b>FAX</b> request form, face sheet and your most recent <i>clinical note</i> to <b>(904) 383-1660</b></p> <p>Attention: Sharon Richards</p> <p><b>Phone:</b> (904) 383-1656</p>	<p style="text-align: center; background-color: yellow;"><b>Daniel:</b></p> <p>Please <b>FAX</b> request form, face sheet and your most recent <i>clinical note</i> to <b>(904)-448-7700</b></p> <p>Attention: Summer Deckert</p> <p><b>Phone:</b> (904) 296-1055 ext 2752</p>
Patient Name:	Date of Birth:
Patient Phone #:	Health Insurance and policy #:
<p>Service Requested:</p> <p><input type="checkbox"/> <b>Collaborative Care Model:</b> consultation and up to 3 follow-up visits with plan for patient to return to PRIMARY CARE provider for long-term psychotropic medication management</p>	
<p><b>Does the patient have a past history of bipolar, psychosis, or psychiatric hospitalization?</b></p> <p><input type="checkbox"/> Yes; <i>If so, please refer instead to Psychiatry for Traditional Care</i> <span style="float: right;"><input type="checkbox"/> No</span></p>	
<p><b>Is the patient currently using alcohol and/or drugs multiple times a week?</b></p> <p><input type="checkbox"/> Yes; <i>If so, please refer instead for substance abuse treatment</i> <span style="float: right;"><input type="checkbox"/> No</span></p>	
<p><b>Reason for Consult:</b>   <input type="checkbox"/> Depression   <input type="checkbox"/> Anxiety   <input type="checkbox"/> Other (describe):</p>	
<p><b>Current symptoms of mental illness and changes in school/home functioning:</b></p>	
<p><b>Has the patient tried psychotropic medication?</b>   <input type="checkbox"/> Yes (please list medications)   <input type="checkbox"/> No</p>	
<p><b>Is the patient currently being treated with psychotherapy?</b></p> <p><input type="checkbox"/> Yes (by whom) <span style="float: right;"><input type="checkbox"/> No</span></p>	
<p><b>Score on <i>Patient Health Questionnaire – 9 Item (PHQ9)</i>, if relevant:</b></p>	
<p><b>Score on <i>SCARED</i>, if relevant:</b></p>	

Name of Referring PCP:	Phone # for Referring PCP:
Fax# for Referring PCP:	<a href="http://partnershipforchildhealth.org/collaborative-ccc/">http://partnershipforchildhealth.org/collaborative-ccc/</a>