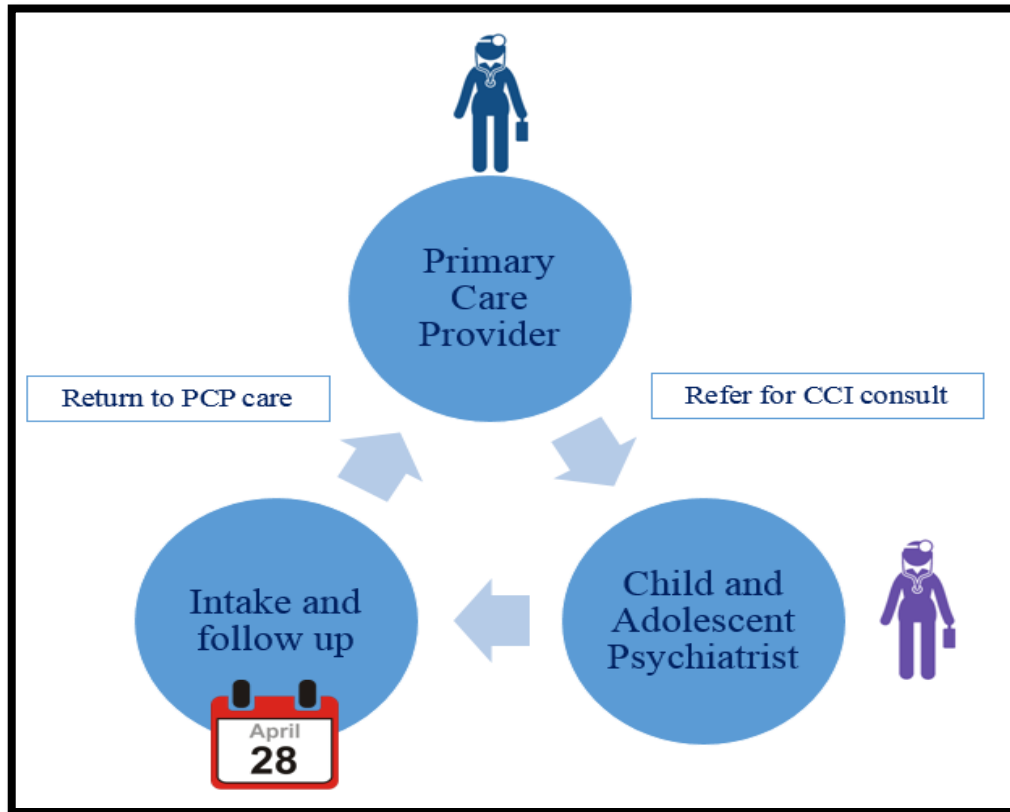


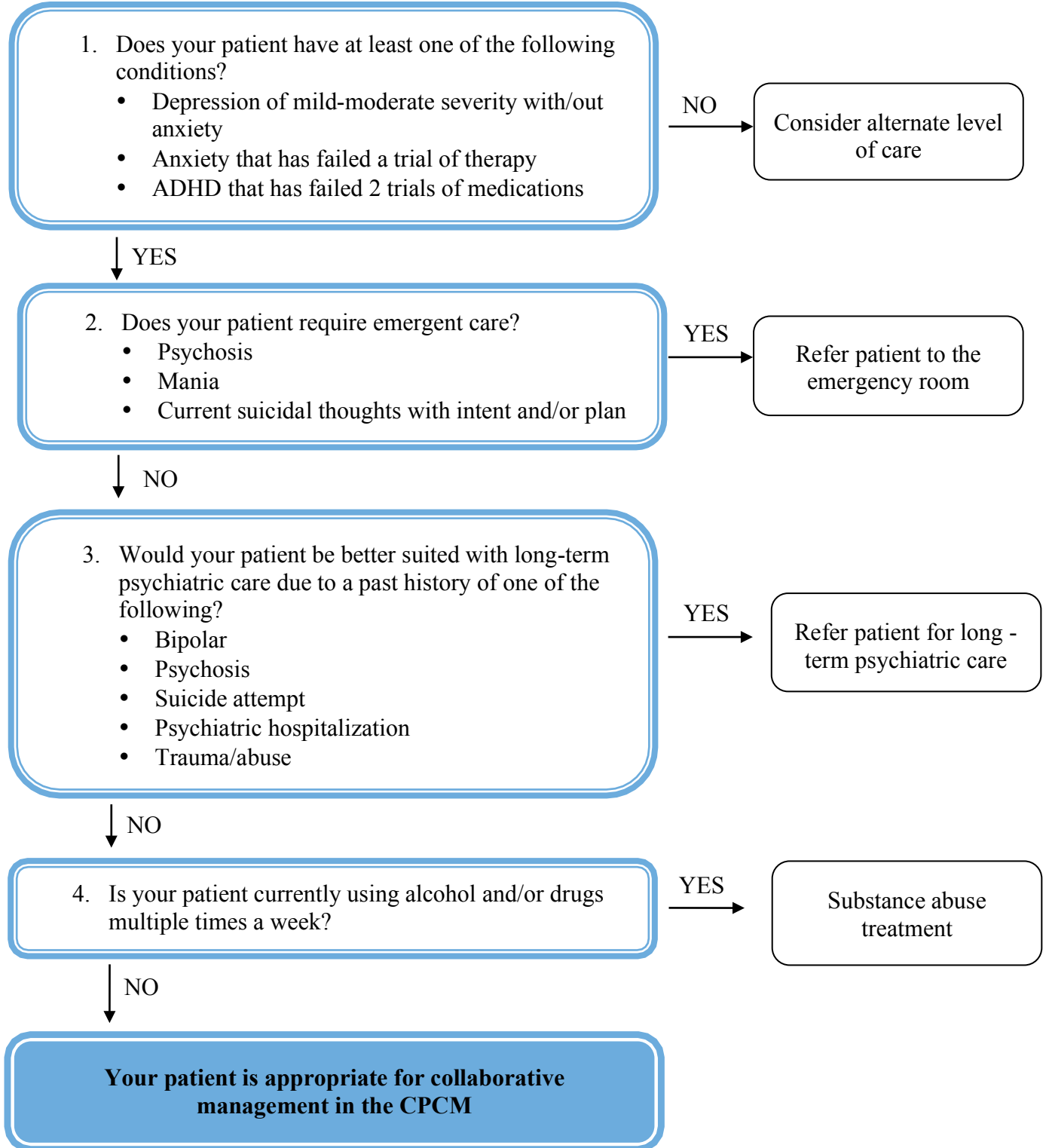
Collaborative Care Psychiatry Consultation



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; margin: 10px auto; width: fit-content;"> <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: Julie Riley</p> <p>Phone: (904) 296-1055 ext 2761</p> <p>Locations:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Daniel Kids 3725 Belfort Rd Jacksonville, FL 32216</p> </div>
<p>Now Accepting Referrals:</p> <ul style="list-style-type: none"> Dr. Kitty Leung, MD Dr. Aylin Emmert, MD Dr. Victor Santos, MD Dr. Allison Nussbaum, MD 	<p>Now Accepting Referrals:</p> <ul style="list-style-type: none"> Dr. Elise Fallucco, MD Dr. Victor Santos, MD
<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: Julie Riley</p> <p>Phone: (904) 296-1055 ext 2761</p>
Patient Name:	Date of Birth:
Patient Phone #:	Health Insurance and policy #:
Patient Primary Language:	
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/center-for-collaborative-care/ Phone# for Referring PCP: