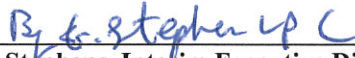
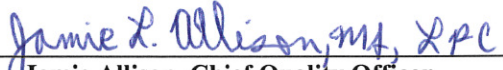




**COBB COUNTY COMMUNITY SERVICES BOARD
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Policy # 8014	Consultations/Referrals (External)/Physician Order
Origination Date: February 1998	
Revision Date: January 2004; March 27, 2006; January 21, 2009, September 26, 2012, May 15, 2013, June 18, 2013	
Reviewed Date: February 2005; May 10, 2007, January 21, 2010, July 7, 2016	
Approved:	
 Bryan G. Stephens Interim Executive Director	 Jamie Allison, Chief Quality Officer

POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board to provide clients with external consultations/referrals for services not provided by the agency.

PROCEDURES:

1. Consultations/referrals are initiated by agency staff and referenced in the client's record. The top half of the Consultation Request/Referral Report form (Attachment A) is completed by agency staff and taken by staff that accompanies the client to the physician/consultant appointment.
2. The Physician/Consultant after seeing the client will complete the bottom half of the Consultation Request/Referral Report and may attach a copy of his/her notes to the report.
3. Upon return of the Consultation Request/Referral Report to the staff that accompanies the client, the form is reviewed to clarify the findings, recommendations, and diagnosis prior to leaving the physician/consultant's office.
4. The Staff member who accompanied the client to the appointment will notify the RN of the findings.
5. The Consultation Request/Referral Report will be filed /scanned in the client's chart under Consult section.
6. The RN will review the consult form, ensure that the recommendations are initiated, and document review as a progress note.

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Client Name: _____
CID#: _____

Consultation Request/Referral Report/Physician Order

Staff Requesting Consultation/Physician Appointment

Consultant/Physician's Name/Title

Date Consultant Contacted: _____ Contacted By: _____

Appointment Made: Date: _____ Time: _____

Please telephone initial results to: _____

Reason for consultation/referral:(Specific mental, emotional, behavioral, social or physical symptoms in question)

Current Medications: (include dosage and frequency) _____

ALLERGIES: _____

Requesting Physician's/Staff's Signature

Date

Consultant's Findings, Recommendations, Diagnosis:

Changes in Medications: _____

Next follow-up visit: _____

Consultant's Signature/Title

Date

* Note: Please contact RN with physician findings, recommendations, and diagnosis. A copy of this form and the prescriptions are to be forwarded to the RN.