Request Form: Escalation of Psychiatric Care

Patient:_____ DOB: _____ Facility: _____

The above-named Patient is enrolled in services with 360care Psychiatry, but he/she is not scheduled for a psychiatric visit at this time. I have observed an acute change in the Patient's psychiatric functioning that leads me to the professional opinion that he/she requires immediate psychiatric intervention. Any delay in such services could result in:

- ☐ Complications Related to Newly Prescribed Medications
- ☐ Self-Injurious Behaviors
- ☐ Assaultive Behaviors
- ☐ Psychiatric Hospitalization
- ☐ Undue Mental or Emotional Distress

Check Any Items that Apply

My professional judgment is based upon the following:

- ☐ Increased Depressive Symptomatology
- ☐ Suicidal Statements or Gestures
- ☐ Verbal Aggression or Threats
- ☐ Acute Anxiety or Agitation
- ☐ Paranoia
- ☐ Hallucinations
- ☐ Delirium
- ☐ Negative Reaction to a New Psychiatric Medication
- ☐ Other:

Check Any Items that Apply

I attest that the information provided on this form is an accurate representation of my professional observations and judgment.

_____ _____ _____

Name & Title* Signature Date

*This form may only be completed by a Medical Professional.

Please email or fax this completed form to:

Email: branch_sevenhills@360care.com

Fax: (844) PSYCH-FX
(844) 779-2439