

Yakima Neighborhood Health Services 12 South 8<sup>th</sup> St, PO Box 2605 Yakima WA 98907-2605 www.ynhs.org

## <u>Hospital or Medical Provider – Referral of Homeless Person</u> <u>for Respite Housing:</u>

- 1. Contact YNHS Outreach at (509)249-6232 (Monday Friday) to identify if housing shelter is available (before completing this form).
- 2. Fax this Referral Form + Hospital Discharge patient instructions including H/P to Yakima Neighborhood Health 107 house at (509)249-2800.

Provider Name:   Soc.Serv Pager/Phone:   Service:	Neighborhoo	a Health	10/ no	use at (509)248	3-20UU.			
Hospital or Clinic:   Service:				Referri				
Is YNHS the PCP?Yes	Provider Name	e:				Soc.Serv Pager/Phone:		
Is YNHS the PCP?Yes If not, who is / will be	Hospital or Clinic:				S	Service:		
Homeless or in Emergency Transitional Housing Acute medical problem that would benefit from short-term respite Independent in ADL's including medication administration Independent in mobility Continent of urine and feces Medically stable Has not received benzodiazepines for alcohol withdrawal in past 24 hours    Diagnosis requiring respite: Anticipated Stay Needed Days patient was hospitalized W/O Respite, Days longer you would keep Patient Last Vital Signs: T max BP HR RA O2 Sat ETOH: Yes No RLE FULL HR RA O2 Sat Special monitoring, activity restrictions (if not on Discharge Medication List , H& P, and Hospital Facesheet.		PCP?	_Yes	If not, who is /	will be			
Homeless or in Emergency Transitional Housing  Acute medical problem that would benefit from short-term respite Independent in ADL's including medication administration Independent in mobility Continent of urine and feces Medically stable Has not received benzodiazepines for alcohol withdrawal in past 24 hours  Diagnosis requiring respite:  Last Vital Signs: T max BP HR RR RA O2 Sat  ETOH: Yes No Extremity Wt. Bearing Hx Drugs Yes No RLE Hx DT's: Yes No RLE Drugs Yes No RUE LUE NWBAT Allergies Drugs Psych F/LU  Special monitoring, activity restrictions (if not on Discharge Medication List , H& P, and Hospital Facesheet.		Ref	ferring l	<b>Medical Provid</b>	er to Complet	te all Following Sections		
Transitional Housing Acute medical problem that would benefit from short-term respite Independent in ADL's including medication administration Independent in mobility Continent of urine and feces Medically stable Has not received benzodiazepines for alcohol withdrawal in past 24 hours  Diagnosis requiring respite:  ### Days patient was hospitalized ### W/O Respite, Days longer you would keep Patient ### Last Vital Signs:  ### Transitional Housing medication administration   Does not require > 4 week respite stay   Does not need SNF placement   Patient understands respite facility is alcohol and drug   free    #### Days patient was hospitalized #### W/O Respite, Days longer you would keep Patient   Last Vital Signs: #### Transitional Tra		Respi	te Crite	eria – Check Bo				
Short-term respite Independent in ADL's including medication administration Independent in mobility Continent of urine and feces Medically stable Has not received benzodiazepines for alcohol withdrawal in past 24 hours  Diagnosis requiring respite:  Anticipated Stay Needed  Days  ## Pays longer you would keep Patient  HR RR RA O2 Sat   BETOH:  WE Bearing  HR ETOH SZ:  Yes  No  RUE  TIWB  Diet  Diet  Diet  Diet  NWB  Psych Dx  Psych Dx  Psych Dx  Psych Dx  Psych Dx  Psych F/U  Special monitoring, activity restrictions (if not on Discharge Instruction Forms):  Attach Current or Discharge Medication List , H& P, and Hospital Facesheet.		Tra	ansitior	nal Housing	independ	independently with medical recommendations from medical provider		
Anticipated Stay Needed Days  # Days patient was hospitalized W/O Respite, Days longer you would keep Patient  Last Vital Signs: T max BP HR RR RA 02 Sat  ETOH: Yes No RLE FULL  Hx ETOH SZ: Yes No RLE FULL  Hx DT's: Yes No RUE TTWB Diet  Drugs Patient was hospitalized wBAT Allergies  Drugs Yes No RUE TTWB Diet  Special monitoring, activity restrictions (if not on Discharge Instruction Forms):  - Attach Current or Discharge Medication List , H& P, and Hospital Facesheet.	Acute medic	al problen	n that wo	uld benefit from ort-term respite	Behavioral	Behaviorally appropriate to be left alone (including no known suicidal or assaultive risks)		
Continent of urine and feces  Medically stable Has not received benzodiazepines for alcohol withdrawal in past 24 hours  Diagnosis requiring respite:	Independ	dent in AD	L's inclu			No intravascular lines		
Has not received benzodiazepines for alcohol withdrawal in past 24 hours  Diagnosis requiring respite:			Indeper	dent in mobility		Does not require > 4 week respite stay		
Has not received benzodiazepines for alcohol withdrawal in past 24 hours  Diagnosis requiring respite:	Continent of urine and feces					Does not need SNF placement		
Diagnosis requiring respite:	Medically stable				Patient und			
# Days patient was hospitalized W/O Respite, Days longer you would keep Patient  Last Vital Signs: T max BP HR RR RA O2 Sat  ETOH: Yes No Extremity Wt. Bearing	Has not rec							
ETOH: Yes No Extremity Wt. Bearing Hx ETOH SZ: Yes No RLE FULL Hx DT's: Yes No LLE WBAT Allergies Drugs Yes No RUE TTWB Diet LUE NWB Psych Dx Psych F/U_  Special monitoring, activity restrictions (if not on Discharge Instruction Forms):  • Attach Current or Discharge Medication List , H& P, and Hospital Facesheet.	Diagnosis requiring respite:Anticipated Stay Needed Day							
ETOH: Yes No Extremity Wt. Bearing  Hx ETOH SZ: Yes No RLE FULL  Hx DT's: Yes No LLE WBAT Allergies  Drugs Yes No RUE TTWB Diet  LUE NWB Psych Dx  Psych F/U  Special monitoring, activity restrictions (if not on Discharge Instruction Forms):   Attach Current or Discharge Medication List , H& P, and Hospital Facesheet.	# Days patient was hospitalized W/O Respite, Days longer you would keep Patient							
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Drugs Yes No RUE LUE TTWB NWB Diet Psych Dx Psych F/U  Special monitoring, activity restrictions (if not on Discharge Instruction Forms):  • Attach Current or Discharge Medication List, H& P, and Hospital Facesheet.				11		Allernies		
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Special monitoring, activity restrictions (if not on Discharge Instruction Forms):				LUL	1002			
	Special monito	oring, ac	tivity res	strictions (if not	on Discharge I			
Medical Provider Signature: Date:	• Attach	Curren	t or Disc	charge Medicat	tion List , H&	P, and Hospital Facesheet.		
	Medical Prov	ider Sig	nature:			Date:		