

DayBridge Referral Form
640 Jackson Street, St. Paul, MN 55101
Phone: 651-254-2402 Fax: 651-254-6655

TODAY'S DATE:

Referring Agency Information			
Agency, Clinic, or Hospital:	Inpatient Unit: Discharge Date:	Phone:	Fax:
Contact Person:	Phone:	Fax:	Email:
Patient Information			
First Name:	Last Name:	D.O.B.:	
Please complete or attach documentation which must contain all of the following information:			
Age:	Gender:	Pronouns:	Interpreter needed? Language:
Housing Status: Living Arrangement:		Marital Status:	
County of Residence:		Home Phone #:	
Home Address:		Alternate Phone #:	
City, State & Zip:		Outpatient Psychiatrist Name: If none, please indicate.	
Phone #:		Case Manager Name: If none, please indicate.	
Phone #:		Primary Insurance:	
ID #:		Group #:	
Secondary Insurance:		ID #:	
Group #:		Diagnosis:	
Current or Recent Chemical Use: ___ Use ___ Abuse ___ N/A			
Date of Last Use:			
Drug(s) of Choice:			
CD Assessment Status: ___ Assessment needed ___ Assessment done			
Referral made ___ N/A			
Is Client Dangerous to Self or Others (currently or by history)? Yes No			

Reason for Referral to Partial Hospitalization

Client need:

Client group Readiness:

Commitment Status:

Follow-up Appointments:

Does client have enough support to maintain their safety in the community?

Please attach the following clinical documentation:

History and physical or initial assessment ____

Current progress notes or MD discharge summary ____

Medication list ____

ROI ____

Commitment papers if applicable _____

* The following insurances are typically accepted:

- Cigna
- HealthPartners
- Medicaid/Medical Assistance, MN Care and most PMAPs
- MN BCBS
- Medica/Optum Health
- United Health Care/ United Behavioral health (commercial plans)
- PreferredOne
- Americas PPO
- UMR
- Medicare (Typically covers up to 80% after deductible, if no supplement)

We are currently unable to accept: UCare, UHC PMAP, TRICARE and Hennepin Health

*It is the client's responsibility to check their specific insurance plans regarding in-network benefits and/or copays and co-insurance requirements.