

Admission Assessment

NAME of patient being referred: _____

1. Please make sure that a **Preliminary Assessment Form** is completed (by patient or parent/guardian) online, by phone with the Veritas intake staff, or by faxed or emailed hard copy.

Online: <https://veritascollaborative.com/recovery-journey/intake-forms/>

Email: admissions@veritascollaborative.com

Telephone: 919-908-9740 **Fax:** 919-797-1252

2. Please provide us with the **Medical and Clinical Information** listed below. All labs, tests, and documentation can be sent to us via email or fax.
 - a. Please check or “X” below the labs, tests, and documents that you are sending.
3. Please complete the brief **Clinical Considerations** questions on page 2 of this document.
4. Please **return these two pages along with all supporting documentation** to the intake team via email or fax (contact information above).

REQUIRED Labs and Tests <i>(within last 7-14 days based on clinical evaluations)</i>	REQUIRED Vital Signs
<ul style="list-style-type: none"> <input type="radio"/> CMP (Electrolytes, BUN, Creatinine, Glucose, AST, ALT, t-bili) <input type="radio"/> Magnesium, Phosphorus, Ionized Calcium <input type="radio"/> CBC w/diff. <input type="radio"/> Urine Pregnancy Test <input type="radio"/> Urinalysis <input type="radio"/> Urine Drug Screen <input type="radio"/> EKG 	<ul style="list-style-type: none"> <input type="radio"/> Weight <input type="radio"/> Height <input type="radio"/> Orthostatic vital signs (supine, sitting, standing – HR & BP)

Requested Documentation
<ul style="list-style-type: none"> <input type="radio"/> Medical notes (H&P and/or most recent progress notes, discharge note as applicable) <input type="radio"/> Psychiatric notes (evaluations, consults, and/or most recent progress notes as applicable) <input type="radio"/> Vaccination record (to include most recent flu shot) <input type="radio"/> Updated medication list (to include supplements, herbals, OTC meds) <input type="radio"/> Growth charts <input type="radio"/> Custody/guardianship paperwork (any other legal documentation)

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Requested, but not Required - Labs and Tests *(labs within last 7-14 days based on clinical evaluations)*

- Hepatitis panel (A, B, and C if proof of vaccination not available)
- TB skin test or TB Quantiferon Gold test
- Amylase and Lipase
- TSH, Free T4
- RBC Folate
- Vitamin D, 25OH
- B12
- Lipid panel
- Prealbumin
- Zinc (plasma or RBC zinc)
- DEXA (if performed)

Clinical Considerations

- Is this patient receiving tube feeding? No Yes
- Is this patient on insulin? No Yes
- Is this patient on an IV? No Yes
- Is this patient ambulatory without assistance? No Yes
- Does this patient need assistance with activities of daily living? No Yes
- Is this patient in treatment for cancer? No Yes
- Does this patient have a seizure disorder? No Yes
- Does this patient or family have any language barriers to treatment? No Yes

For questions, or to submit your admissions assessment information, please contact the intake team:

Email: admissions@veritascollaborative.com

Telephone: 919-908-9740

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