



1525 River Oaks Road West  
New Orleans, LA 70123

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Date: \_\_\_\_\_

*Submit copies of the front and back of all medical insurance cards and the patient's driver's license or I.D. card.  
Forms submitted without copies of insurance cards cannot be reviewed until all information is provided.*

**REFERRING CLINICIAN:** \_\_\_\_\_ Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CLINICAL INFORMATION:** Estimated LOS: \_\_\_\_\_ Admit Date Requested: \_\_\_\_\_

Is patient currently hospitalized? Yes No If yes, since \_\_\_/\_\_\_/\_\_\_ Facility: \_\_\_\_\_

Are you working with the patient while he/she is inpatient? Yes No

Has patient been to River Oaks before? Yes No If yes, when? \_\_\_\_\_

Does patient have a place to live post discharge? Yes No Where? \_\_\_\_\_

Outpatient Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Tx began: \_\_\_\_\_

Outpatient Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_ Tx began: \_\_\_\_\_

**PRESENT SYMPTOMS:** Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Depressed mood

Anxiety

Panic attacks

Sleep disturbance

Inability to function

Inability to focus

Poor concentration

Decreased energy

Hopelessness

Helplessness

Angry/rageful

Suicidal ideation

Suicidal plan/s

Past suicide attempt/s

When: \_\_\_\_\_

Method: \_\_\_\_\_

Flashbacks

Nightmares

Isolative behavior

Dissociative episodes

Loss of time

Memory loss

Self-harming behavior

What: \_\_\_\_\_

\_\_\_\_\_

Eating Disorder

Compulsive

Restricting

Binging

Purging

How: \_\_\_\_\_

Laxative use: Y \_\_\_ N \_\_\_

Weight loss: \_\_\_\_\_

Weight gain: \_\_\_\_\_

Relationship problems

Affairs

Use of prostitutes

Use of pornography

Anonymous sex

Internet sex

Voyeurism

Exhibitionism

Compulsive masturbation

Other acting out behavior

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Low self esteem

Sexual identity issues

Compulsive spending

Compulsive gambling





### HOW LONG IS THE AVERAGE STAY?

A typical length of stay may be anywhere from 2-5 weeks, but ultimately depends upon the patient's needs and their response to treatment. Insurance is also a consideration. Patients are strongly encouraged to participate in their treatment and discharge plans.

### WHAT ACTIVITIES ARE INCLUDED IN MY HOSPITAL STAY?

- Individualized Treatment Plan
- Medication Management 3x per week
- Individual Therapy 5x per week
- Daily Group Therapy
- Daily Expressive Therapy
- Family Therapy (if indicated by the treatment team)
- Discharge Planning

### TRANSPORTATION

Patients are required to make their own travel arrangements, including transportation from the airport to the hospital. Cab fare from the airport is about \$25 including tip. Patients must speak with an intake counselor to schedule a date and time for admission. We strongly recommend patients purchase an open or one way ticket because lengths of stay are always estimated and discharges must be coordinated with the treating physician.

### WHAT CAN I WEAR?

- Comfortable clothes
- A light jacket or sweatshirt as unit temperatures tend to be cooler (no drawstrings)
- Bras and undergarments must be worn appropriately
- Clothing should not expose midriffs or be inappropriately tight
- No tank tops
- Shoes that are slip-on or that have Velcro closures (no shoelaces, belts or drawstrings)
- No more than 2 suitcases will be allowed

### WHAT SHOULD I BRING WITH ME?

- Insurance cards and ID cards

- Names, addresses and phone numbers of current therapists and doctors
- 30 day supply of all current prescription and over the counter medication (no Mediplanners - medications must be in actual bottle)
- Medical information regarding any allergies to medications, foods, or other sources and any information regarding special needs
- A small amount of money (for vending machines)
- Appropriate reading material
- Nail clippers

### WHAT DO I NEED TO LEAVE AT HOME?

- All electronic devices including, but not limited to, laptop computers, tablet/notebook computers, MP3 players, TVs, radios, portable gaming devices, and e-cigarettes
- **Cigarettes - no smoking allowed**
- Jewelry and other valuables
- Shoe laces, belts, drawstrings
- Knives, guns or weapons of any kind
- Lighters, candles, illicit drugs and alcohol
- Outside food or beverages
- Glass items (some makeup products can be left in lockers)
- Toiletry items with alcohol listed as an ingredient
- Razors or scissors (battery operated razors may be used)
- Nair/Veet
- Curling irons or flat irons
- Supplements
- Bedding, comforter, pillows
- Blow dryer
- Hair straightener

### CAN I MAKE CALLS TO FAMILY AND FRIENDS?

There are phones on every unit that patients are permitted to use during scheduled times. Individuals wishing to visit or call must have the patient's ID number in order to have contact with the patient.

**Telephone Times:** Monday - Friday 12-1pm & 5-9pm  
Saturday & Sunday 12-10pm

**Visiting Times:** Wed., Sat., & Sunday 6-8pm