



1525 River Oaks Road West
New Orleans, LA 70123

For Admissions please email the referral form to:
riveroaksspecialty@uhsinc.com

Date: _____

For all questions please contact us at:
504-734-1740

*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

Psychosis: Yes No Details: _____
 Substance Abuse: Yes No Which Substances? _____
 Amount/Frequency: _____ Need Detox: Yes No
 Other Symptoms: _____

Trauma History: _____

Medical Problems: _____

Special Needs (diet, wheelchair, other medical equipment, e.g. CPAP machine, insulin pump, etc.) _____

Legal Issues and History of Incarceration: _____

ALL MEDICATIONS (*Please arrive on your day of admission with a 30 day supply of approved medications)

Name	Dose	Frequency	Indication/Compliance

Past Treatment: _____

Inpatient Treatment Goals: _____

- *Please include or attach labs (CBC, CMP, Phosphorous, Magnesium) and EKG results on Eating Disorder*
- *Supplements are not allowed while being treated at The New Orleans Institute*
- ***Smoking is not allowed while being treated at The New Orleans Institute***



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