

# Referral Form / Application for Admission

205 West Parkway Drive  
Egg Harbor Township, NJ 08234  
Toll Free (877) 645-2502  
Phone (609) 645-2500 Fax (609) 645-9467  
www.behavioralcrossroads.com

DAS Funding:  DUII  NJI  SJI  DC  
Medicaid Source:  GATANIF  SAI  SSI



Referral Source \_\_\_\_\_ Address \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax \_\_\_\_\_ Cell /Pager \_\_\_\_\_

How Did You Find Out About Us? \_\_\_\_\_

### Potential Client Information:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Medicaid/Magellan/Horizon ID # \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_

Magellan/Horizon Group# \_\_\_\_\_ Magellan/Horizon Plan Name/Type# \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Clinical Reason for Referral:

#### Axis I:

#### Axis II:

#### Please Check All that Appear to Apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Prior Treatment at Crossroads       | <input type="checkbox"/> Mental Health History   | <input type="checkbox"/> Psychiatric Hospitalizations or Other Treatment |
| <input type="checkbox"/> History of Suicide/Homicide/Krol    | <input type="checkbox"/> Substance Abuse History | <input type="checkbox"/> Legal Involvement                               |
| <input type="checkbox"/> Present Suicidal/Homicidal Ideation | <input type="checkbox"/> Substance Treatment     | <input type="checkbox"/> Conviction of Drug Distribution Year ( _____ )  |
| <input type="checkbox"/> Current DYFS Involvement            | <input type="checkbox"/> Takes Medication        | <input type="checkbox"/> History of Assaultive Behavior                  |
|  |  | <input type="checkbox"/> History of Aggression to Treatment Staff        |

### Additional Information:

Axis III/Significant Medical Issues or Allergies:

Ambulatory  Wheelchair  Cane or Walker

Primary Care Physician:

Current Psychiatrist:

Current Pharmacy:

Current Treatment or Social Services Providers:

Current Medications **Please refer to Appendix Page 2** (as reported by client \_\_\_\_\_ or reported by \_\_\_\_\_):

Drug	Dosage Frequency	Drug	Dosage Frequency
1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	

Immediate/Basic Needs: **Circle All That Apply:** Shelter Food Clothing Medicine

Other:

Last Use of Any Alcohol or Other Substances (When):

Other Significant Information:

**Are there any prior scheduled commitments prior to Crossroads Admission: i.e.; Court; Medical; etc.**

**List Dates and Times:**

**Tentative Intake/Admission Date Given By Crossroads Staff:**

### Individual Completing this Application:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

TRADE NAME

GENERIC NAME

GENERIC NAME

TRADE NAME

**Combination Antipsychotic and Antidepressant Medication**  
 fluoxetine & olanzapine      Symbyax (Prozac & Zyprexa)

**Combination Antipsychotic and Antidepressant Medication**  
 Symbyax (Prozac & Zyprexa)      fluoxetine & olanzapine

**Antipsychotic Medications**

Abilify  
 Clozaril  
 Geodon  
 Haldol  
 Lidone  
 Loxitane  
 Mellaril  
 Moban  
 Navane  
 Orap (for Tourette's syndrome)  
 Permitil  
 Prolixin  
 Risperdal  
 Serentil  
 Seroquel  
 Stelazine  
 Taractan  
 Thorazine  
 Trilafon  
 Vesprin  
 Zyprexa

aripiprazole  
 clozapine  
 ziprasidone  
 haloperidol  
 molindone  
 loxapine  
 thioridazine  
 molindone  
 thiothixene  
 pimozide  
 fluphenazine  
 fluphenazine  
 risperidone  
 mesoridazine  
 quetiapine  
 trifluoperazine  
 chlorprothixene  
 chlorpromazine  
 perphenazine  
 trifluopromazine  
 olanzapine

**Antimanic Medications**

Cibalith-S  
 Depakote  
 Eskalith  
 Lamictal  
 Lithane  
 Lithobid  
 Neurontin  
 Tegretol  
 Topamax

lithium citrate  
 valproic acid, divalproex sodium  
 lithium carbonate  
 lamotrigine  
 lithium carbonate  
 lithium carbonate  
 gabapentin  
 carbamazepine  
 topiramate

**Antidepressant Medications**

Adapin  
 Anafranil  
 Asendin  
 Aventyl  
 Celexa (SSRI)  
 Desyrel  
 Effexor  
 Elavil  
 Lexapro (SSRI)  
 Ludiomil  
 Luvox (SSRI)  
 Marplan (MAOI)  
 Nardil (MAOI)  
 Norpramin  
 Pamelor  
 Parnate (MAOI)  
 Paxil (SSRI)  
 Pertofrane  
 Prozac (SSRI)  
 Remeron  
 Serzone  
 Sinequan  
 Surmontil  
 Tofranil  
 Vivactil  
 Wellbutrin  
 Zoloft (SSRI)

doxepin  
 clomipramine  
 amoxapine  
 nortriptyline  
 citalopram  
 trazodone  
 venlafaxine  
 amitriptyline  
 escitalopram  
 maprotiline  
 fluvoxamine  
 isocarboxazid  
 phenelzine  
 desipramine  
 nortriptyline  
 tranylcypromine  
 paroxetine  
 desipramine  
 fluoxetine  
 mirtazapine  
 nefazodone  
 doxepin  
 trimipramine  
 imipramine  
 protriptyline  
 bupropion  
 sertraline

**Antianxiety Medications** (All of these antianxiety medications except BuSpar are benzodiazepines)

Ativan  
 Azene  
 BuSpar  
 Centrax  
 Librax, Libritabs, Librium  
 Klonopin  
 Paxipam  
 Serax  
 Tranxene  
 Valium  
 Xanax

lorazepam  
 clorazepate  
 buspirone  
 prazepam  
 chlordiazepoxide  
 clonazepam  
 halazepam  
 oxazepam  
 clorazepate  
 diazepam  
 alprazolam

**Antipsychotic Medications**

aripiprazole  
 chlorpromazine  
 chlorprothixene  
 clozapine  
 fluphenazine  
 haloperidol  
 loxapine  
 mesoridazine  
 molindone  
 olanzapine  
 perphenazine  
 pimozide (*for Tourette's syndrome*)  
 quetiapine  
 risperidone  
 thioridazine  
 thiothixene  
 trifluoperazine  
 trifluopromazine  
 ziprasidone

**Antimanic Medications**

carbamazepine  
 divalproex sodium (valproic acid)  
 gabapentin  
 lamotrigine  
 lithium carbonate  
 lithium citrate  
 topiramate

**Antidepressant Medications**

amitriptyline  
 amoxapine  
 bupropion  
 citalopram (SSRI)  
 clomipramine  
 desipramine  
 doxepin  
 escitalopram (SSRI)  
 fluvoxamine (SSRI)  
 fluoxetine (SSRI)  
 imipramine  
 isocarboxazid (MAOI)  
 maprotiline  
 mirtazapine  
 nefazodone  
 nortriptyline  
 paroxetine (SSRI)  
 phenelzine (MAOI)  
 protriptyline  
 sertraline (SSRI)  
 tranylcypromine (MAOI)  
 trazodone  
 trimipramine  
 venlafaxine

**Antianxiety Medications** (All of these antianxiety medications except BuSpar are benzodiazepines)

alprazolam  
 buspirone  
 chlordiazepoxide  
 clonazepam  
 clorazepate  
 diazepam  
 halazepam  
 lorazepam  
 oxazepam  
 prazepam

Elavil  
 Asendin  
 Wellbutrin  
 Celexa  
 Anafranil  
 Norpramin, Pertofrane  
 Adapin, Sinequan  
 Lexapro  
 Luvox  
 Prozac  
 Tofranil  
 Marplan  
 Ludiomil  
 Remeron  
 Serzone  
 Aventyl, Pamelor  
 Paxil  
 Nardil  
 Vivactil  
 Zoloft  
 Parnate  
 Desyrel  
 Surmontil  
 Effexor  
 Librax, Libritabs, Librium  
 Klonopin  
 Azene, Tranxene  
 Valium  
 Paxipam  
 Ativan  
 Serax  
 Centrax

Tegretol  
 Depakote  
 Neurontin  
 Lamictal  
 Eskalith, Lithane, Lithobid  
 Cibalith-S  
 Topamax

Abilify  
 Thorazine  
 Taractan  
 Clozaril  
 Permitil, Prolixin  
 Haldol  
 Loxitane  
 Serentil  
 Lidone, Moban  
 Zyprexa  
 Trilafon  
 Orap  
 Seroquel  
 Risperdal  
 Mellaril  
 Navane  
 Stelazine  
 Vesprin  
 Geodon