



**Psychiatrist/Psychiatric Nurse Referral Form**

Name of Applicant \_\_\_\_\_

**To the Provider:** Your patient has applied to be an Apprentice at Compos Mentis: Working Toward Wellness, Inc. ([composmentisithaca.org](http://composmentisithaca.org)). To help us in our Admissions Process, we would appreciate your responses to the questions below, as well as any other information about this potential Apprentice that you care to share.

Please complete this form and send to:

Rebecca Schwed, Executive Director  
Compos Mentis  
PO Box 58  
Ithaca, NY 14851

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

If you would like to receive information from us about your patient, please provide your e-mail address: \_\_\_\_\_

Most important needs? \_\_\_\_\_

\_\_\_\_\_

Strengths? \_\_\_\_\_

\_\_\_\_\_

Challenges? \_\_\_\_\_

\_\_\_\_\_

Family support and their willingness to engage with Compos Mentis? \_\_\_\_\_

\_\_\_\_\_

Risk of harm to self or others: \_\_\_\_\_

\_\_\_\_\_

History of suicide attempts? \_\_\_\_\_

History of verbal and/or physical aggression? \_\_\_\_\_

Ability to function independently, without one-to-one supervision, in a relatively structured farm-based community of apprentices, staff and volunteers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alcohol and/or drug problems, past or present? \_\_\_\_\_

\_\_\_\_\_

DSM-IV-R diagnosis: \_\_\_\_\_

Recent Hospitalization?

If yes, please include a copy of the hospital's Discharge Summary.

Prognosis? \_\_\_\_\_

Current GAF: \_\_\_\_\_

Current Medications                      Target Symptoms                      Dosage

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Would you like to receive feedback from us about our observations of your patient?  
yes\_\_\_              no\_\_\_

Would you like to participate by phone in a brief clinical conference with Compos Mentis staff if it were to be scheduled in advance?  
yes\_\_\_              no\_\_\_

Thank you for your help with our Admissions Process. If you have questions or further comments, please call.

Rebecca Schwed, Executive Director 607-229-6393  
Shannon Haskins, Program Coordinator 607-229-6392