



√ Gunderson Residence Application Check-list √

1. Referral form (attached below)

Please have the therapist/ current mental health provider complete and fax the referral form Attn: Corina at fax number 617-855-4251.

2. Financial feasibility

Please contact our financial services as part of the application process to determine financial feasibility. Please call Ben at 617-855-3311 or Michelle at 617-855-3319.

3. Clinical information

Please submit the following information to Corina, Admissions Coordinator, by fax or email. Fax number is 617-855-4251. Email address: claudate@partners.org. Please include signed release forms if the therapist or treatment programs provide them.

A. **Admission and Discharge notes** from the past two years for both **inpatient hospitalizations** and any other **treatment programs**.

B. Any **psychological testing**, evaluations or consultations on record.

C. **Verbal clinical information** can be provided by the patient and/or family. Please call Corina at 617-855-4250 to provide brief verbal information about the applicant. Corina will be able to answer specific questions about the treatment program.

D. **Treatment summary**: If possible, a written summary by the current or past treater noting recent progress/ difficulties in treatment. Please include concerns about substance abuse or eating disorders. (Please note the Gunderson Residence is not a specialized Eating Disorders or Substance Abuse treatment program.) Any additional **clinical information** that can be provided by therapists and/or psychiatrists would be helpful.

4. Physical exam

Please note, if accepted into the program, a **physical exam** dated within 30 days prior to the start date of treatment will be required as part of the pre-admission process.

Application Process Overview

- Complete referral form.
- Speak with Gunderson Residence Financial Services staff.
- Submit clinical information by fax or email. This includes gathering medical records. (See tips below.)
- Records are reviewed by our senior clinicians.
- If the program may be a good match, senior clinicians schedule a telephone interview with the patient to assess readiness for the program.
- *The application process can take some time as we wish to make sure the services we have to offer are a good match for the applicant's present symptoms. Patients must be self-motivated and willing to participate in the treatment approach and structure provided by the program. The time it takes to determine whether or not a client is a good fit for the Gunderson Residence varies. We can gain a better sense of appropriateness and admission time frame after we receive and review the clinical. The duration of the application process depends heavily on how long it takes for the required documentation to be sent. We welcome the opportunity to review an interested patient's clinical information.*

Questions

Our admissions coordinator, Corina, can answer your questions about the program and the admissions process. To schedule a time to speak with Corina, please call 617.855-4250 or e-mail at claudate@partners.org.

We appreciate your patience with this process and look forward to hearing from you.

Fax completed form to Corina Laudate @ 617-855-4251

Gathering Medical Records: Tips

To obtain medical records from past treatments and/or hospitalizations:

- Call the facility directly and ask to speak with the Medical Records department.
- The Medical Records department will ask you to sign a “release of information form” to enable them to share your information with the Gunderson Residence at McLean Hospital.
- The medical records policy at each facility may be slightly different. Some facilities require paperwork to be signed in person; others allow you to submit the signature by mail or by fax. The facility will explain its procedure to you.
- When you speak to them, ask them for a copy of the “complete admission and discharge summary along with the results of any psychological testing and consultations that might have been done” while you were in treatment in the past 2 years.
- The records can be faxed to: 617-855-4251; Attn: Corina.

**McLEAN HOSPITAL
Gunderson Residence
REFERRAL FORM**

Date of Referral: _____

Patient Name: _____ DOB: _____ SSN: _____

Address: _____

Tel. # _____ Cell Phone # _____ Email: _____

Occupation: _____

Referred By: _____ Phone #: _____

Current clinical update for referral to BPD residential program: _____

Goals for referral to the Gunderson Residence: _____

Dx:

I _____ II _____

III _____ IV _____ V _____

Current living situation: _____

Family support Name: _____ Relationship: _____ Phone: _____

Previous inpatient and/or detox hospitalizations, psychiatric treatment programs: Specify dates, facilities & reason:

Substance abuse history:

Drug	(check)	Amount	Frequency	Date of last use
Alcohol				
Cocaine				
Heroin				
Opiates				
Marijuana				
Other				

Longest period of sobriety & when: _____

History of an Eating disorder: Yes _____ No _____ Age onset: _____
Current Height: _____ Weight: _____ BMI: _____

Present Eating disorders symptoms: _____

Current Medications and dosages:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last blood level results for medications if indicated: _____

Medical conditions: _____

Diabetes: Yes No **Allergies:** _____

Current outpatient treatment team:

Pharmacologist: _____ Phone #: _____

Therapist: _____ Phone #: _____

PCP: _____ Phone #: _____

Other: _____ Phone #: _____

History of Suicide Attempt(s): Specify dates & means _____

History of Self-injurious Behavior: Specify frequency, means and last occurrence : _____

History of Trauma: _____

Current safety status: Self: _____ Other: _____

	Yes	No		Yes	No
Legal Problems:	<input type="checkbox"/>	<input type="checkbox"/>	Court Date:	<input type="checkbox"/>	<input type="checkbox"/>
Charges Pending:	<input type="checkbox"/>	<input type="checkbox"/>	Restraining Order:	<input type="checkbox"/>	<input type="checkbox"/>

It is necessary to fax/ mail copies of all the following information for the application process:

- Admission/ Discharge Notes from inpatient hospitalizations in the last two years
- Admission/ Discharge Notes from day or residential programs in the last two years
- Any available Psych Testing/ Consultations/ Evaluations
- Signed Release forms
- Physical Exam (completed with in 30 day of start of program)

Signature of referring treater