

**BEHAVIORAL CONSULTING SERVICES
P.O. BOX 953 GRAFTON, WI 53024
PHONE: 262-376-1223**

PASRR Referral

FAX

BCS FAX: 262-376-0920
262-376-0925
262-376-0927
262-376-0945

FROM:

RESIDENT
NAME:

SENDER
FAX:

MI/ID
DIAGNOSIS:

RESIDENT
DOB:

SENDER
PHONE:

LOCATION
OF
RESIDENT:

DATE:

CONTACT
NAME AND
NUMBER:

NURSING
FACILITY
ADMISSION
DATE:

EMAIL TO SEND LEVEL II:

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION:

- **Level I - Please include: Name, Address, Phone number of guardian or activated power of attorney for health care, if applicable**
- **Face sheet**
- **Current Med List / Physician's Orders**
- **Diagnosis List**
- **History and Physical and/or Physician progress note**
- **Psychiatric Eval/Notes (if Available)**
- **Current Nursing Notes (5 - 10 Pages)**
- **Sections C, D, and G of MDS (If Completed)**
- **Most recent PT/OT and Speech Therapy Note (If Applicable)**

Please fax the information to: Behavioral Consulting Services (BCS). Faxes numbers listed above.

*Please try to keep the total page count under 40 pages. Thank you.