

Emergency Service Intervention (ESI) Notification - RITogether

Fax form to 857.304.6404

Pending admission/looking for placement, and admission arranged

Today's date: ____/____/____

ESI evaluation

Time of member readiness: _____

Time evaluation began: _____ Time evaluation was completed: _____

MEMBER INFORMATION

Name: _____ DOB: ____/____/____ ID #: _____

Phone: _____ Address: _____

City: _____ State: ____ ZIP: _____

ESI INFORMATION

ESI clinician/contact: _____

Name of ESI: _____

ESI site: _____ Phone: _____

TYPE OF NOTIFICATION – PENDING ADMISSION/LOOKING FOR PLACEMENT

Member waiting at the following location:

At home

Hospital – emergency room

Name of Hospital: _____ Hospital phone #: _____

Hospital – medical unit

Name of Hospital: _____ Hospital phone #: _____

Other, please specify: _____

Working on admission for the following level of care:

Inpatient mental health services

Inpatient substance use services – Level 4.0 Detoxification Services

24-hour intermediate services

Acute Residential Treatment

Art for Children

Crisis Stabilization

Other

TYPE OF NOTIFICATION – ADMISSION ARRANGED AT THE FOLLOWING

Name of hospital/facility: _____

Address: _____

City: _____ State: ____ ZIP: _____

Phone: _____

Level of care

Inpatient mental health services

- Inpatient substance use services – Level 4.0 Detoxification Services
- 24-hour intermediate services
 - Acute Residential Treatment
 - Art for Children
 - Crisis Stabilization
 - Other

DIAGNOSIS

ICD 10 Code _____

Name of ESI clinician completing form (please print):

_____ Date: ____/____/____