

Provider Referral Form

Dear Treatment Provider:

Thank you for referring your patient to the OCD Institute, a residential and partial hospital program for adults with obsessive compulsive disorder (OCD) or other severe anxieties. We are a behaviorally-oriented program using a variety of CBT interventions, mainly exposure and response prevention (ERP). We have a treatment team model: Each person in the program is assigned to a psychiatrist who assesses and monitors medications, a behavioral therapist who develops the behavioral plan/ERP plan, and a family therapist who meets with the patient and family regularly. The average length of stay in the program is 6-10 weeks, but can be many more weeks. The length of stay is determined by the patient's progress, engagement in the program, and adherence to program policies/guidelines.

While we consider ourselves a program for severe and treatment resistant patients, which often includes patients who have comorbid psychiatric conditions, we may not be able to treat all patients successfully. We do a thorough assessment of all patients, which includes patient and family self-reports, as well as information from you, the treating clinician, to determine whether patients are a good fit for our treatment program. Patients who tend to do well in our program are those who show a willingness to engage in treatment, but whose symptoms are significantly severe such that outpatient treatment is not sufficient. Our goal is to get patients functioning at a level where they will be able to take advantage of their outpatient care, which may not mean full remission of symptoms.

Patients who do not do well in our program are often unable or unwilling to participate in an active, intensive treatment setting where much is expected of them. Patients who have comorbidities which interfere with their ability to do ERP/behavioral treatment should have those conditions treated first. Patients also need to have a stable living situation to which they can return after discharge. Patients coming to the program must have a primary diagnosis of OCD, or an anxiety disorder and these symptoms should be the ones most interfering with their functioning.

Patients with active or recent psychosis, active substance use, self injurious behaviors, or active eating disorders may not be appropriate. People coming to the program must be able to participate in both group and individual therapy daily (with assistance), be able to take care of their ADL's at least with coaching, and cannot be disruptive to a large patient milieu such that they are interfering with the care of others.

The information you can provide that would be the most helpful is included in the online form provided, which can be faxed or mailed to our admission staff. If you prefer to write a separate report, please include the answers to the questions outlined. Please do not send us handwritten office notes, as these do not provide the history and level of detail required to make an adequate assessment.

Once you have completed the form, submit via fax to Admissions at **713-526-3226**. Alternatively, you may mail the completed form to:

McLean OCD Institute Houston
Attn: OCDI Admissions
708 E 19th Street
Houston, TX 77008

We look to our patient's outpatient providers for information that will assist us in their care. Once all materials are received, the patient should hear back from the admission team within a week regarding the next steps in the admissions process. We hope to have a collaborative relationship with you so that the patient can return to you with improved symptoms and a plan to prevent relapse. We look forward to working with you and thank you for the referral of your patient!

Sincerely,
Elizabeth McIngvale, PhD, LCSW
Program Director

Provider Referral Form

Provider Name _____ Date _____

Provider License and Number _____ State of Licensure _____

Provider Phone Number _____ Email Address _____

Please provide as much information as possible. Lack of sufficient detail could delay the admission process and require a followup phone call.

1. How long have you been seeing this patient?

2. Provide a brief psychosocial history of this patient.

3. List current/past OCD and/or anxiety symptoms.

12. What do you identify as barriers to this patient's ability to access and engage in treatment with you?
How has the patient dealt with those challenges?

13. Does this patient act on impulsive or self-injurious urges? If so, what behaviors? What coping skills has he/she learned to try to manage the urges?

14. Are you and the patient/family in agreement that treatment at the OCDI Houston is an appropriate course of action at this time?

15. Is this patient quickly able to grasp skills/concepts you are trying to teach? What type of adjustments do you make to communicate well with this patient?

16. If you are doing exposure/response prevention with the patient, how much time is spent with your patient on ERP tasks (doing them, assigning them, discussing them)? How much experience does the patient have doing exposure therapy, either with you or another clinician? How compliant are they with exposure tasks/homework? If you are not doing ERP, what has been the treatment modality used?

17. Can you identify any secondary gains (e.g. financial, family support, reduced expectations) the patient may receive because of his/her struggle with OCD? Is there anything else that would be helpful for us to know?

18. Have you completed any measures recently? Please provide results.

19. How did you hear about McLean OCDI Houston? Why did you refer this patient to this facility?

Submit this form via fax to 713-526-3226 or via mail. If you need more space, feel free to submit additional sheets. Once all materials are received, the patient will be contacted regarding next steps.

Please contact Admissions Coordinator Tina Still at TStill@houstonocd.org or **832-900-8687** with any questions.