

**Dickinson Restoration Center
Preadmission Checklist**

Name: _____

Date: _____

The following will need completed/provided prior to admission into the LTSR:

- _____ Affidavit of Probable Cause
- _____ Competency Evaluation (if applicable)
- _____ **Completed** Pre-admission Referral Form **
- _____ County Authorization
- _____ Court Order(s)
- _____ Criminal Complaint
- _____ MH Commitment Orders (if applicable)
- _____ Physical Evaluation (min 6 mos. or less)
- _____ Physician Certification
- _____ Physician Orders/Progress Notes (min last 3 weeks) **
- _____ Police Arrest Record
- _____ Psychiatric Evaluation (min 6 mos. or less) **
- _____ Psychological Test (if applicable)
- _____ Nursing Notes (min last week) **
- _____ Current Medications (including compliance & frequency of PRN's)**
- _____ COVID Screening Questionnaire
- _____ Negative COVID test results (within 3 days of admission or less)
* if facility in quarantine then within 48 hours or less of admission

**** = important for medical director to approve admission**