

**Dickinson Restoration Center  
Preadmission Checklist**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

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)\*\*
- \_\_\_\_\_ Certificate of Need (under 22 or above 65)

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