



I understand that referrals submitted through this form are reviewed during normal business hours (Monday-Friday, 8:00 AM-4:30 PM) and are not monitored after business hours, during weekends or during official holidays. The referral form is not for emergency response situations. Please refer your staff to the Emergency Department if there is an immediate risk of harm to self or others prior to submitting this form.

Activation: New Follow-up

Name: _____ **Department:** _____

Phone Number: _____

Email: _____

Event Type:

- Unanticipated Patient Outcome Adverse Event COVID-19 Related
 Workplace Violence Death of Coworker Other: _____

Professional Type:

- Physician Physician Assistant CRNA RN/LPN
 Respiratory Therapist Physical/Occupational Therapist Nurse Practitioner CTA
 Paramedic/EMT Pharmacist Pharmacy Tech Radiology Tech
 Social Worker Case Manager Child Life Other: _____

Risk Factors:

- Pediatric case (21 years and younger) Palliative care / Hospice
 Young adult patient Staff member's first patient death
 Patient known to staff members Multiple patients with bad outcomes
 Community high profile Organ donation
 Patient that reminds staff of their family Victim of violence
 Long-term patient Other: _____

Specific Support Requested:

- 1:1 with peer Employee Assistance Program (EAP)
 Chaplain Risk Management/Patient Safety Team
 Psychologist/Psychiatrist
 Personal Counselor Other _____

Referrals (forYOU use only):

- Not Needed Other _____
 Chaplain Risk Management/Patient Safety Team
 Psychologist/Psychiatrist
 Employee Assistance Program (EAP)
 Personal Counselor