

DDD RESOURCE TEAM RN CONSULTATION FORM

Please save and email the completed PDF form to ddd.resourceteam@dhs.nj.gov

Please direct questions to ddd.resourceteam@dhs.nj.gov or call Supervisor Ken Eley at 609-318-3997

NAME:

DATE:

DDD ID#:

Residential Provider:

Residential Address:

Contact Person:

Phone:

Email:

Day Services Provider:

Address:

Contact Person:

Phone:

Email:

Medical Point Person:

Title:

Phone:

Email:

Supervisor:

Form completed by:

Title:

Phone:

Email:

Supervisor:

Guardian:

Guardian Type:

Private Guardian

BGS

Self

Phone:

Email:

RATIONALE FOR CONSULT (check all that apply):

Seizures

Peg Tube Issues

Weight Loss

Questions about medical conditions

Dehydration

Non-psychotropic medication review

Other:

Wound Care

Train staff on durable medical equipment

Bowel Obstruction

Assist with understanding medical results

Urinary Tract Infections

Transition back to residential placement from Rehab

Height:

Weight:

Communication Style:

Vocal Speech

Gestures

None

American Sign Language (ASL)

Ambulation Status:

Ambulatory

Non-Ambulatory

Ambulates with assistance

Medical Diagnosis:

Current Medications (Include PRNs):

Allergies:

Durable Medical Equipment:

Past Medical History:

Surgical History:

List of Medical Specialists:

Please submit the following documents with this form (if available):

Physical Medical Evaluations/Consults Medical Tracking Documents

Medication Administration Records Physician Orders Lab Results

Note: We provide consultative services only. If evaluation and medical services are needed, please contact a community provider.

** Please upload the completed referral to I-record after submission to the Resource Team**