

Women's Behavioral Health Consult Order

Submit this form by fax to the number below **OR** gather all required information and call the Referring Physicians line.

Referring Physicians Contact Information

Phone: 216.444.4643 | Alternate Phone: 855.733.3712 | Fax: 216.448.9738

Patient Eligibility

Is the patient at least 18 years old?

Yes No — Hard stop. Please refer to Cleveland Clinic Pediatric Psychiatry.

Referring Provider Type

OB/GYN Primary Care Pediatrics Women's Behavioral Health
 Psychiatry Psychology / Counseling

Life Stage Related to Current Symptoms

(Select all that apply)

Pregnant Postpartum Pre-conception Pregnancy loss
 Premenstrual Dysphoric Disorder (PMDD) Menopause

Current Symptoms

(Select all that apply)

Depression Anxiety / OCD Psychosis Suicidal thoughts

Other (please specify): _____

Mental Health History

(Select all that apply)

Previous mental health hospitalization Previous suicide attempt
 History of perinatal depression/anxiety Depression Anxiety
 Obsessive Compulsive Disorder (OCD) Psychosis Schizophrenia
 Bipolar disorder Other (please specify): _____

Substance Use

Is the patient currently abusing substances?

Yes — Hard stop. Please place a consult for Chemical Dependency and instruct the patient to call Cleveland Clinic Alcohol and Drug Recovery Center to schedule an appointment: 216.425.7411
 No

Mental Health Services Requested

(Select all that apply)

Medication management Counseling