

CONFIDENTIAL LPS CONSERVATORSHIP REFERRAL

Please fax all referrals to 831-775-8075

OR

Email referrals to 416-Referrals@co.monterey.ca.us

TO: County of Monterey Public Guardian

FROM:

PATIENT NAME:

DATE REFERRAL SENT:

DOCUMENTS ATTACHED (Check all that apply):

Asterix * items are mandatory

Your referral will be rejected if you have not included all Asterix * items

- *Declaration in support of Petition for Temporary Conservatorship signed by two doctors – ORIGINAL**
- *Copy of 72-hour hold – 5150**
- *Copy of 14-day certification for review hearing – 5250**
- *Firearms notice (Department of Justice Forms)**
- *Recommendation for Conservatorship**
- *Admission and Discharge FACE sheet**
- *Reise petition and order, if any**
- *Declaration and Order Shortening Time, if complete packet is provided after day 8 of 5250**
- *Psychiatric evaluations for last 6 months**
- *Checklist summary of discharge plans that have failed**
- Copy of Social Worker Assessment, including the names, numbers and addresses of relatives and financial status**
- Interdisciplinary staff notes and MD Orders and nursing notes for current hold**
- Proposed treatment plan**
- Tarasoff Warnings, if any**
- Penal Code 1370 documents, if any**
- ACCM presentation Summary. Date ACCM scheduled if not attached:**