

# Referral Checklist for Difficult Placement (DPT) SNF Request



Please provide all of the information requested below in one complete SNF Packet  
*Incomplete packets will not be accepted*

- Name & Direct contact number of CM/SW/DCP
- Completed DPT Form (Required)
- Face sheet
- H&P
- MD Progress notes (Last 48 hours only)
- Most current Rehab Notes: PT / OT / ST (If applicable)
- Most current Psych. Notes (If applicable)
- Most current MAR (IV medications: must include name of medication, dosage, frequency and duration / end date)
- Social Services Notes (Pertinent info only)
- List of facilities attempted: SNF / SAU (Must include facility name and reason facility declined)

*PASRR Level 1 Screening Results: <input type="checkbox"/> Positive for SMI or ID/DD/RC <input type="checkbox"/> Negative *PASRR Level 2 Screening Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative *We cannot process your request without PASRR results	Screening Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Screening:
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PASRR CID:	Screening Results:
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**Other:**

Isolation needed (Yes or No)

Discharge Barriers (Describe):

**Special note:**

COVID test within last 72 hours:	Date:	Result:
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COVID Vaccination:	Date of 1 <sup>st</sup> Dose:	2 <sup>nd</sup> Dose:
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