

Child Psychiatry Referral FAQ

Is there anything a guardian needs to do once a psychiatric referral is made?

Yes - this is very important. An intake specialist will reach out to the guardian. The parent/guardian needs to have online portal access set up. Paperwork for the guardian, patient and school will be sent out. **This paperwork needs to be completed and returned to set up an appointment to see a provider.**

If I work at Carle how do I make a referral to child psychiatry?

Set the client up with the Carle Patient Portal. Once the portal is set up send the referral the way you normally would for an internal referral

- Class: Internal
- Status: Dept Make Appt
- Referred to Department: CWPG BEHAVIORAL HEALTH BLOOMINGTON EMPIRE
- Provider: Burgundy Johnson, DO or Annette Robbins, DNP
- Procedures: 600006 – AMB Psychiatry

Once the referral is received we make sure the patient portal is set up, add our MH Guarantor, and then we send the Child Psychiatry Packet through the portal.

I work outside of Carle - how do I make a referral?

Send the referral the way you normally would to one of our offices. This should include referral reason, insurance cards and demographics.

What type of information should I provide in a referral request?

It is helpful to be as detailed as you can be. Please document the signs/symptoms you are seeing and what specific question you want. This helps us make sure we are scheduling the right type of provider.

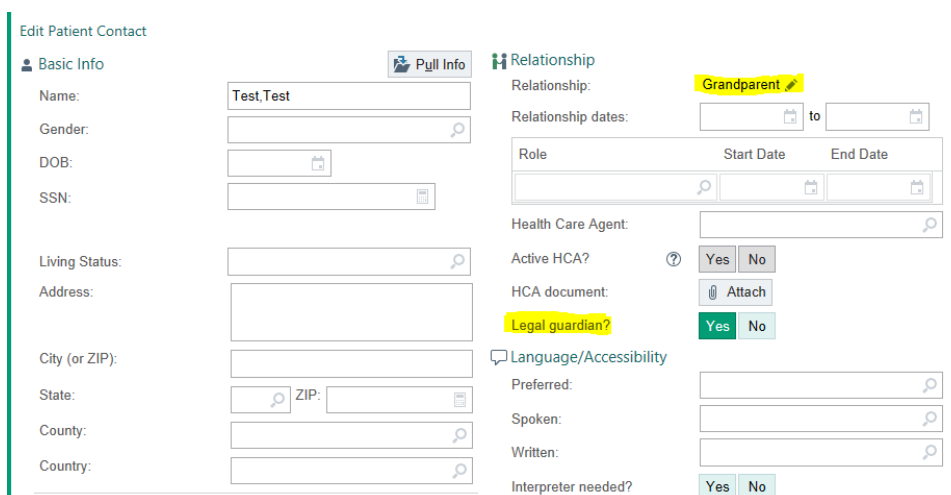
For example, if you just write “developmental delays” and refer to psychiatry then we will not set up an appointment and will need to contact you and potentially family to clarify which can hold up the patient getting to the right place.

If you write “patient has documented developmental delays, has seen developmental pediatrician and is getting early access services but needs evaluation for ADHD due to impulsivity and hyperactivity impairing school and home functioning” then that would be the kind of referral that would be best for our office.

However if you write “patient has developmental delays - please evaluate for speech problems” then that likely would be best served by a developmental pediatrician. While we try and review all referrals, ultimately we do not want the patient waiting a long time to get care only to realize they ended up in the wrong spot so specifying as much on your referral request is very helpful for us and for good patient care.

What if legal Guardian is not Parent?

If the legal guardian is not the biological parent our office would need legal documentation of who is the legally appointed guardian for our records. All consents require the co-signature of parents/legal guardians. The patient contacts on the client's account should reflect who has custody of client. I.E: Grandparents or foster parents who have legal custody should not be documented as parent. They should still be documented as "Grandparent", "Aunt", "Brother", "Other", etc. There is an option to assign contacts as "Legal Guardians" within the contact information. Assigning someone as a "Legal Guardian" makes it clear for all parties who is in charge of the child's care.



What ages can I refer to child psychiatry?

Ages 3-18

What if the patient is 18 - how should we refer?

If the patient is 18 but still in high school then go ahead and refer to child psychiatry. If the patient has graduated high school and is 17, refer to child psychiatry. If the patient is 19, but still in high school, please refer to adult psychiatry

What is your cut off age when you don't see kids/ when you want to transfer them to adult psychiatry?

A patient must be established in child psychiatry before or at age 18 before they graduate high school. If the patient is an established child psychiatry patient then they will need an adult psychiatrist after they graduate high school (i.e. if patient is an established patient, turns 19 and is in last of high school, then we will keep seeing them for continuity of care until they graduate).

Can guardians/patients make a self-referral?

No. Right now our referrals must come from a provider/office.

What psychiatric conditions do you treat?

All official DSM conditions seen in children and adolescents

What are some situations that you want me to put in a different kind of referral and not child psychiatry?

If you know the patient and guardian only want therapy and not medications or new diagnoses, then please use a different referral and request counseling/therapy.

If you know you ONLY want psychological testing (for example IQ, learning disabilities) then please use a different referral and specify psychological testing. This is not the same as a psychiatric referral.

What sort of training does a child psychiatrist have? What sort of training does a psychiatric NP have?

A child psychiatrist is a medical provider who has completed a minimum of 4 years of college, 4 years of medical school, 3-4 years of adult general residency and 2 years of specialized child training.

A psychiatric nurse practitioner has a bachelor's degree or 4 years of general nurses training with an additional 2-4 years of specialized mental health education and clinical rotations.

Are your child psychiatrists board certified?

Yes. Dr. Johnson and Dr. Wood are ABPN Board Certified in General/Adult Psychiatry. Currently Dr. Johnson is ABPN Board certified in child and adolescent psychiatry. Dr. Wood will be sitting for the child/adolescent boards in fall 2022.

What do child psychiatric providers (NP and MD/DO) do?

A provider does an evaluation and looks at psychiatric diagnoses based on the DSM. After that the provider may make referrals to therapy and/or may provide medications. A psychiatrist may send other referrals such as for psychological testing.

I think a patient I am following has a psychiatric problem that needs treatment but I don't even know where to start and neither do the guardians. What should I do?

You would probably want to start with a referral to a child psychiatrist as they try and do a comprehensive evaluation and figure out next steps. Alternatively you can contact our office and our intake coordinator will pass your question onto the providers for feedback and then contact you with recs.

Do you have video and in person visits available?

Right now our child psychiatrists, Dr. Johnson and Dr. Wood are only available virtually and not in person. Our Child psychiatric NP is available for both virtual and in person visits.

How long does it take to get in for an evaluation right now?

Once the guardian completes and turns in all paperwork, there is no waitlist. Patients can be scheduled as soon as the same or following week if the schedule works for them.



The evaluation requires paperwork from the school but it's the summer - what should the guardians do?

Parents should make a strong effort to contact school to get the information. Very often teachers are still available to provide information due to summer school. If they do not get a response from the school in a week then they should contact our office to speak to the intake coordinator for how we should handle next steps with the evaluation. The intake coordinator will reach out to the providers to figure out next steps on a case by case basis.

The child is homeschooled and so a separate school information packet cannot be filled out - what should guardians do?

In this case we will accept school paperwork and school vanderbilts from another adult, preferably a professional, who knows the child to fill out the paperwork. Examples include therapist, tutor, instructor, PT/OT/Speech provider. If none of these are available then guardian should contact our office to speak to the intake coordinator for how we should handle next steps with the evaluation. The intake coordinator will reach out to the providers to figure out next steps on a case by case basis.

Only therapy is needed for the patient - should I start with a psychiatric referral?

If you know the patient/guardian only want therapy first then please put in a referral separately only for therapy and not for psychiatry

I think this patient needs an exception to intake policy. Will you make exceptions?

Yes we do! We realize situations come up where exceptions are needed to get the child the care they need. In these cases providers should contact our office to speak to the intake coordinator for how we should handle next steps with the evaluation. The intake coordinator will reach out to the providers to figure out next steps on a case by case basis.

Do emancipated minors or minors who can legally make their own medical decisions need a guardian involved?

No

I have a question about referrals that you did not address here. What should I do?

Please contact Behavioral Health and we will assist in the process.