Virginia Commonwealth Sexual Minority Psychopharmacological Clinic Guidelines and Expectations

The Department of Psychiatry, through MCV Physicians at VCU Health System is excited to offer the first comprehensive psychiatric evaluation and treatment exclusively for the Lesbian, Gay, Bi-Sexual, and Transgender Community. In order to maximize health outcomes, manage expectations, and provide a healing environment, the clinic has the following guidelines and expectations:

1) In order to maximize outcomes, patients must be engaged in therapy and must be referred by their current therapist. The clinic does not accept self-referrals. The Department of Psychiatry will be happy to provide recommendations of local therapists within the Department and Community.

2) Please call 804-828-2000 to schedule a New Patient appointment.

3) Referring providers should complete the attached referral form. Referral forms are used to ensure patient information is accurate.

4) Completed forms must be faxed to 804-828-7814, and be accompanied by pertinent evaluations and other data necessary to provide a complete assessment, before the patient can be given an initial appointment.

5) The clinic focuses on medication management issues. All psychosocial and behavioral emergencies or crises should be addressed with the patient’s current therapist. This process is in place to ensure timely responses to emergencies.

6) Medication management issues will be triaged by the registered nurse at the clinic, and medication issues will be referred to the appropriate provider. If there are medication issues, please call 804-828-9452.

7) For timely medication refills, patients are asked to have their current pharmacy fax a refill request to 804-828-9282. Medication refills can take up to 72 hours or three business days. For safety reasons, prescriptions for controlled substances must be picked up in person with appropriate identification.

8) VCU is a leading teaching facility and patients are often seen by trainees (residents, medical students, nursing students, social work students, pharmacy residents, etc.) along with the physician.

9) The clinic’s goal is to maximize outcomes and exclusion criteria are used to ensure a successful relationship between the provider and patient. Exclusion criteria may include but are not limited to: Primary or active substance abuse issues, court ordered treatment, anger management treatment, active and pending legal charges, and disability evaluations.

10) To ensure a healing environment, the clinic has a “zero tolerance” policy for verbally or physically aggressive behavior. Any patient who exhibits such behavior will have their case closed immediately, and referred elsewhere.

11) The clinic allows for three missed or cancelled appointments within a 12 month period. Exceeding this limit will lead to possible case closure and referral elsewhere.

12) Not all individuals will benefit from the clinic, and ongoing treatment is not guaranteed. Our staff will provide recommendation and coordination of care to other professionals after the first screening visit with the Psychiatrist.
REFERRAL FORM

NAME: ____________________________
THERAPIST: ______________________

DOB: ____________________________
THERAPIST CONTACT: _____________

SSN: ____________________________ Fax: ____________________________

Phone: Home: _____________________ Office: _______________________
Cell: ____________________________ Cell: ____________________________

Address: __________________________

Insurance: _________________________

Date of referral: ______________________
Reason for referral: ______________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

DIAGNOSES:
Axis I: ________________________________________________________________
Axis II: ________________________________________________________________
Axis III: ________________________________________________________________
Axis IV: ________________________________________________________________
Axis V: ________________________________________________________________

Substance Abuse HX:

Legal Issues:

Disability Status: On disability    Pending    Considering application

The patient agrees to be seen by trainees under the supervision of an attending physician if
appropriate: Yes or No