

# INTERCEPT Clinic

Department of Psychiatry

Strong Ties Community Support Program

2613 West Henrietta Rd., Suite E, Rochester, NY, 14623



## Referral Guide for Providers

**INTERCEPT** (INTERventions for Changes in Emotions, Perceptions and Thinking) is an early intervention program for young people at clinical high risk for psychosis (ages 15-28 inclusively). The clinic aims to prevent the onset of full psychosis. Please go through the checklist of early warning signs and exclusion criteria below with the patient and fax to the Clinic Coordinator (contact in footer).

### Pre-Screening Checklist

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient/family Phone No.: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_ Clinic Affiliation/Location: \_\_\_\_\_

<input checked="checked" type="checkbox"/>	<b>CHR Early Warning Signs</b>
	<b>Referral is indicated if meeting any of the following:</b>
	Do you have beliefs that seem odd to others?
	Have you ever felt that someone was playing with your mind? <i>e.g., feel as if your thoughts are strange or might not be your own</i>
	Do you have worries that people may be out to get you or harm you?
	Do you feel like you have special gifts or talents that no one else has?
	Do you hear odd noises or voices mumbling that others may not hear? OR See things that others may not see?
	Do you have confusion about what is real or what is imaginary?
	<b>Exclusion Criteria</b>
	If <b>YES</b> to any questions below, the patient would <b>not</b> be suitable for INTERCEPT.
	Are you over the age of 28?
	Have one or more of the experiences endorsed (CHR Early Warning Signs) occurred: - > 1 hour per day, AND - > 4 days per week, on average, AND - Over a period of one month?
	Have you <u>ever</u> in your lifetime received a diagnosis of a full psychotic disorder or mood disorder with psychotic features? <i>e.g., brief psychotic disorder, schizophreniform disorder, schizoaffective disorder, schizophrenia, bipolar disorder with psychotic features, major depression with psychotic features</i>
	Have you been diagnosed with an intellectual disability?
	Have you ever suffered from multiple concussions or traumatic brain injury?

### ***To make a referral or consult our team:***

1. Please obtain verbal consent to provide patient information to INTERCEPT Clinic Coordinator – Trisha Kilbourn.
2. Send a copy of the completed pre-screening checklist by fax or provide the details by calling / leaving a voicemail.

**ATTN: Trisha Kilbourn**

**HIPPA-compliant Phone line: 585-276-9270 | Fax line: 585-272-0173**

### ***Self-referral option:***

Provide patient brochure that details self-referral instructions.