
Golden Dynasty Bridge Haven

Hospital Referral Intake Form

Transitional Recovery Housing Referral

Program: Golden Dynasty Bridge Haven

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SECTION 1 — Referring Facility Information

Hospital / Facility Name: _____

Department: _____

Case Manager / Discharge Planner Name: _____

Phone Number: _____

Email Address: _____

Date of Referral: _____

SECTION 2 — Patient Information

Patient Name: _____

Date of Birth: _____

Gender: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

SECTION 3 — Discharge Information

Expected Discharge Date: _____

Discharging Hospital Unit: _____

Primary Diagnosis / Reason for Hospitalization:

Is the patient medically stable for discharge?

Yes

No

Attending Physician Name: _____

SECTION 4 — Recovery Needs

Please check all that apply:

Post-surgical recovery

Infection recovery

Injury recovery

Housing instability during recovery

- Awaiting permanent housing placement
- Needs short-term stabilization
- Needs assistance with follow-up appointments

Other recovery considerations:

SECTION 5 — Functional Status

Patient is able to perform the following independently:

Activities	Yes	No
Walk independently	<input type="checkbox"/>	<input type="checkbox"/>
Use restroom independently	<input type="checkbox"/>	<input type="checkbox"/>
Manage personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Feed themselves	<input type="checkbox"/>	<input type="checkbox"/>

Additional mobility information:

SECTION 6 — Medication Information

Does the patient require medication reminders?

Yes

No

Medication instructions or notes:

SECTION 7 — Behavioral & Safety Screening

Does the patient have any of the following?

Condition	Yes	No
Cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral concerns	<input type="checkbox"/>	<input type="checkbox"/>
History of violence	<input type="checkbox"/>	<input type="checkbox"/>
Active substance withdrawal	<input type="checkbox"/>	<input type="checkbox"/>

Additional notes:

SECTION 8 — Insurance / Payment Information

Primary Insurance: _____

Secondary Insurance: _____

Self-pay / Program Sponsorship:

Yes

No

Notes:

SECTION 9 — Discharge Support Needs

Please check if patient may require assistance with:

Transportation to follow-up appointments

Medication reminders

Appointment scheduling

Meal support

Recovery monitoring

SECTION 10 — Additional Notes

Please provide any additional information that will help determine appropriate placement.

SECTION 11 — Referring Staff Signature

Name: _____

Title: _____

Signature: _____

Date: _____

Referral Submission

Please submit completed referrals to:

Golden Dynasty Bridge Haven

Email

GoldenDynastyBridge@gmail.com

Phone

800-869-9927

Program Reminder for Referring Facilities

Golden Dynasty Bridge Haven provides non-medical transitional recovery housing for individuals who are medically stable but require a safe environment during recovery.

The program does not provide medical treatment or nursing care.