

# PLATT PSYCHIATRIC ASSOCIATES, L.L.C.

Canfield Office Park  
908 A2 Pompton Avenue  
Cedar Grove, NJ 07009-1262  
Phone: 973-239-4848 • Fax: 973-239-4704

## ELLEN M. PLATT, D.O.

Diplomate, American Osteopathic Board of Neurology and Psychiatry:  
Child, Adolescent, and General Psychiatry  
Diplomate, American Board of  
Psychiatry and Neurology:  
General Psychiatry  
Diplomate, American Board of Adolescent Psychiatry

## JENNIFER E. PLATT, D.O.

Diplomate, American Board of  
Psychiatry and Neurology: Child, Adolescent, Adult, and Forensic Psychiatry  
Diplomate, American Osteopathic Board of  
Neurology and Psychiatry: Child, Adolescent, and Adult Psychiatry  
Diplomate, American Board of Adolescent Psychiatry: Adolescent Psychiatry

## SCHOOL CONSULTATION FEE SCHEDULE

**2020-2021**

Fee for Basic Student In-office Psychiatric Consultation	\$ 825.00
- Appointment available within 3-6 weeks	
- Verbal summary within 1 business day after assessment, if requested	
- Written report issued approximately 3-1/2 weeks after appointment	
Fee for Expedited Student Psychiatric Consultation	\$ 975.00
- Priority scheduling	
- Verbal summary within 1 business day after assessment, if requested	
- Written report by the end of the 7 <sup>th</sup> business day after assessment	
Fee for Complex Student Psychiatric Consultation	\$1,500.00 *
- Involves, in our professional opinion, complicating factor(s) such as:	
- multiple sessions with student/family	
- referral paperwork exceeding 50 pages	
- lengthy, intricate histories	
- consultation with private health professionals	
- multilevel psychosocial stressors	
- mediation/due process/advocate	
- special accommodations (e.g., a severely hearing-impaired child-the need for an interpreter)	
- second opinion evaluations	
*every effort will be made to make the district aware in advance, however the emergence of unanticipated clinical complexities in the process of the consultation is possible	
Translation Services	\$150/hr.
Charge (pro rated) for ancillary services (e.g., completion of forms or paperwork in addition to report)	\$450.00/hr.
School System Employee Psychiatric Consultation	\$ 450.00/hr.
Conference With Attorney or Other Forensic Conference	\$ 600.00/hr.
Court Appearance	\$ 600.00/hr.
Travel Time for on-site evaluations and legal proceedings	\$125/20mins.
Cancellations with less than 48-hour notice	\$400.00
Cancellations with less than 2 hours notice/Family's failure to keep appointment	\$825.00

*Payments due within 60 days*



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## REQUEST FOR PSYCHIATRIC CONSULTATION OF A SCHOOL STAFF MEMBER

**Staff Name:** \_\_\_\_\_  
**Staff Member Job Title:** \_\_\_\_\_

### Referral Process

- ❖ Please complete this form and fax to our office at (973) 239 – 4704. If there is an incident report, **please fax the incident report with this packet.**
- ❖ Please forward the staff member packet to the staff member. If the staff member **does not speak English** or is **visually impaired**, please have school staff review this paperwork with the staff member.
- ❖ **Please do not forward any emails from our office email address or provide our office email address to staff member who is to be evaluated.**
- ❖ We may contact you for additional information after reviewing the paperwork.
- ❖ After we have received and reviewed the paperwork, we will contact you with an appointment.
- ❖ Please confirm with the staff member acceptance of the appointment and inform our office of the staff member's acceptance of the appointment.

**Records Review:** A thorough records review is an essential component of the consultation. **At least one week before** the scheduled appointment, please fax all additional pertinent documents. Please check below to indicate which documents will be forwarded:

- Written job description
- Employee evaluations by supervisors
- Disciplinary Log or Incident Reports with any available photos/videos
- Any available personnel records, such as disability claims, criminal records, military records, and financial records
- Attendance Log
- Other evaluations which have already been done
- Any available psychiatric, substance abuse, medical and pharmacy records
- Other (please describe) \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

## STAFF MEMBER INFORMATION

Name:	_____
Age:	_____
Biological Gender:	_____
Gender Identity, if different:	_____
Date of birth:	_____
Address:	_____
Home Phone:	_____
Cell Phone:	_____
Has this staff member ever previously been evaluated by Dr. Platt?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the staff member currently attending work or are they on leave/suspended?	_____

## SCHOOL INFORMATION

School district:	_____
Name of school:	_____
Name/Title of referring staff member:	_____
Daytime phone number of referring staff member:	_____
After hours (i.e. cell) phone of referring staff member:	_____
<i>(An after-hours number is necessary if there is a question with a consultation scheduled after school hours. If school staff prefers not to provide an after-hours number, the staff member will be scheduled for an appointment during school hours.)</i>	
Name/Title of referring staff member's supervisor:	_____
<i>(This is requested in the event that referring staff member is not available.)</i>	
Daytime phone number of supervisor:	_____
After hours (i.e. cell) phone of supervisor:	_____
Fax number that report should be sent to:	_____
Summer contact information for referring staff member and/or supervisor (if different from above):	_____

## SCHEDULING THE CONSULTATION

Are you requesting a routine consultation or an expedited consultation?
<input type="checkbox"/> Routine – appointment within 3-6 weeks of receipt of completed paperwork; report issued 3½ weeks after appointment
<input type="checkbox"/> Expedited* – priority scheduling; report issued by the end of the 7 <sup>th</sup> business day after the assessment; additional fee of \$150
<b>* PLEASE REMEMBER THAT STAFF MEMBERS WHO ARE IMMINENTLY DANGEROUS OR CLINICALLY UNSTABLE SHOULD BE SENT DIRECTLY TO THE EMERGENCY ROOM.</b>

Does the staff member speak, understand, read, and write English fluently?\*\* If no, what is their primary language?

Yes

No\*\* – primary language is \_\_\_\_\_

**\*\*Language fluency, not mere proficiency or familiarity, is necessary to participate in a psychiatric consultation without the assistance of a translator. Family members may not serve as translators. If a staff member comes to a scheduled appointment and is not fluent in English, a second appointment with a translator will be necessary to complete the consultation.**

Are there any limitations to completing the consultation at Dr. Platt's office in Cedar Grove? For example, our office is on the second floor and there is no elevator; other barriers to completing the consultation at the office may include transportation limitations, etc.

The consultation will be completed at Dr. Platt's office in Cedar Grove.

The staff member will be unable to attend at Dr. Platt's office, therefore a consultation at the school is requested. The fee for travel time is \$125 per 20 minute of travel.

Does the staff member have a scheduling preference?

## REASON FOR THE CONSULTATION

If this consult was sought in response to an incident, was the staff member sent to the emergency room?

Yes - if yes, was the staff member admitted to a psychiatric unit/hospital  Yes  No

No - if no, why was the staff member not sent to the emergency room?

On site clinical assessment determined that an emergency evaluation wasn't necessary

Incident did not indicate that the staff member was imminently dangerous or clinically unstable

N/A- the consult was not sought in response to an incident

Please describe, in as much detail as possible, any concerns about the staff member and the reason why you are referring the staff member for this consultation.

- ❖ Please provide a timeline that outlines when the concerns began, dates of particularly significant incidents, (e.g. crisis assessments/ER visits, hospitalizations) & current status of the problems
- ❖ Note whether the problem(s) is/are occurring only in school or in other settings as well, if you are aware
- ❖ Please include interventions that have been attempted and whether these interventions were helpful.
- ❖ Please describe any treatment/services received outside of school and whether these were helpful
- ❖ Please include specific questions you would like the doctor to address in the report.
- ❖ Use final page if you need additional space.

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## ADDITIONAL CLINICAL HISTORY

*Please use the final page of this form to provide as much information as you have about any of the questions below.*

Does the staff member have any known medical, developmental, or cognitive difficulties?  No  Yes  
*If yes, please explain the nature of the difficulty.*

Does the staff member have any known psychiatric diagnoses and/or has the staff member been in any type of psychiatric treatment?  No  Yes  
*If yes, please provide the diagnoses and the date/type/provider/facility of any treatment.*

Does the staff member have a history of substance abuse?  No  Yes  
*If yes, please explain if this is a current/ongoing or prior/resolved issue and the dates/facilities of substance abuse treatment.*

Does the staff member have any history of abuse, witnessing violence, or other trauma?  No  Yes  
*If yes, please explain the nature of what occurred and when it occurred.*

Has the staff member ever talked about suicide, engaged in self-injurious behavior (i.e. cutting,) or made a suicide attempt?  No  Yes  
*If yes, please explain the nature of what occurred and when it occurred.*

Has the staff member ever verbalized a serious threat towards others or been physically aggressive towards others?  No  Yes  
*If yes, please explain the nature of what occurred and when it occurred.*

Has the staff member ever been questioned/interviewed by police, arrested/charted with a crime, on probation, or incarcerated?  No  Yes  
*If yes, please explain the nature of what occurred and when it occurred.*

Has DCP&P/Institutional Abuse been involved with this staff member previously or currently regarding any concern?  No  Yes  
*If yes, please describe why DCP&P/Intitutional became involved, when the DCP&P investigation began, (please include all prior cases) and the status of the case(s).*

As far as you are aware, has any employer ever requested or required the employee to undergo a psychiatric consultation previously?  No  Yes  
*If yes, please describe the nature of the concern and the outcome of the consultation.*



Signature of referring school staff member

Date