



## Provider Referral

Dear Treatment Provider,

Thank you for referring your patient to the OCD Institute of Texas. We offer residential and partial hospital programs specifically designed for adults with obsessive-compulsive disorder (OCD) and other severe anxiety-related conditions. Our program utilizes a behaviorally-focused approach, with an emphasis on Cognitive Behavioral Therapy (CBT), particularly exposure and response prevention (ERP). Each patient is assigned a dedicated treatment team that includes:

- A psychiatrist who manages medication and psychiatric care
- A behavioral therapist who creates and oversees the ERP plan
- A family therapist who provides ongoing support to both the patient and their family

The typical length of stay ranges from 10 to 12 weeks, depending on the patient's progress, engagement, and adherence to our policies. We specialize in treating individuals with severe, treatment-resistant conditions, often with comorbid psychiatric disorders. However, we acknowledge that not all patients will succeed in our program. To assess whether our treatment is appropriate, we conduct a thorough evaluation, which includes self-reports from the patient and family, as well as input from you, the referring clinician.

Patients who tend to do well in our program are those who are willing to actively engage in treatment, have severe symptoms that require more intensive care than outpatient services can provide, and are committed to the process. Our goal is to help patients reach a level of functioning that allows them to benefit from outpatient care. Full symptom remission is not always our target outcome.

Patients who do not succeed in our program typically struggle with the intensity of treatment or have other underlying conditions that interfere with their ability to participate in ERP or behavioral treatment. These conditions should be addressed before considering our program. Additionally, patients must have a stable living situation to return to post-discharge.

To be eligible, patients must have a primary diagnosis of OCD or an anxiety disorder, with these symptoms being the primary barrier to their daily functioning. Patients with active or recent psychosis, substance use disorders, self-injurious behaviors, or active eating disorders may not be appropriate for our program. Additionally, patients should be able to participate in both group and individual therapy daily (with support), and manage activities of daily living (ADLs) with assistance if necessary. They must also be capable of maintaining a non-disruptive presence in the larger patient group to ensure a supportive environment for all.

For the referral process, please complete the form below or, if you prefer, submit a separate report addressing the key questions outlined. We kindly ask that you avoid sending handwritten office notes, as these do not provide the necessary level of detail for a comprehensive assessment. Please submit the completed form via fax to 346-509-3696 or email it to [admissions@houstonocd.org](mailto:admissions@houstonocd.org).

We greatly value the collaboration with our patient's outpatient providers to ensure optimal care. Once all materials are received, our admissions team will reach out to the patient to discuss next steps. Thank you for referring your patient to us. We look forward to working together to support their progress and help them return to you with improved symptoms and a clear plan for relapse prevention.

Sincerely,

**Elizabeth McIngvale, PhD, LCSW**

Program Director



Patient Name

Provider Name

Date

Provider License Number

State of Licensure

Provider Phone Number

Email Address

***Please provide as much information as possible. Lack of sufficient detail could delay the admission process and require a follow-up phone call.***

1. How long have you been seeing this patient?

2. Provide a brief psychosocial history of this patient.

3. List current or past OCD and/or anxiety symptoms.

4. What is the patient's current level of impairment? Can they work/attend school? Can they perform their ADL's? If so, what type of environmental accommodations may be present?

5. List any comorbid psychiatric conditions that may impact treatment. Please note the current state of these conditions and how the patient manages their symptoms.

6. Tell us about the patient's current support system and living situation. Is their living situation stable and can they return there after treatment?

7. How involved is the patient's family in their care? Does the family accommodate the patient's OCD? Provide details if they are known. Has the patient's family been educated about OCD accommodation?



8. Is there any current or past substance abuse history, including any treatment for substance abuse?

9. Does the patient have any history of acting violently or demonstrating aggressive behavior? Any legal problems?

10. Provide information about the patient's medication history (if applicable), including any medical issues and what type of care is required to manage them.

11. What would you like to see addressed in intensive treatment that has been difficult to address on an outpatient basis?

12. What do you identify as barriers to this patient's ability to engage in treatment with you? How has the patient dealt with those challenges?

13. Does this patient act on impulsive or self-injurious urges? If so, what behaviors? What coping skills has the patient learned to try to manage the urges?

14. Are you and the patient/patient's family in agreement that treatment at OCDI is an appropriate course of action at this time?

15. Is this patient quickly able to grasp skills or concepts that you are trying to teach? What type of adjustments do you make to communicate well with this patient?



16. If you are doing exposure and response prevention with the patient, how much time is spent with your patient on ERP tasks (doing them, assigning them, discussing them)? How much experience does the patient have doing exposure therapy, either with you or another clinician? How compliant are they with exposure tasks/homework? If you are not doing ERP, what treatment modality has been used?

17. Can you identify any secondary gains (e.g. financial, family support, reduced expectations) the patient may receive because of his or her struggle with OCD? Is there anything else that would be helpful for us to know?

18. Have you completed any measures recently? If so, please provide results.

19. How did you hear about OCDI? Why did you refer this patient to this facility?

Submit this form via fax to 346-509-3696 or email to [admissions@houstonocd.org](mailto:admissions@houstonocd.org). If you need more space, feel free to submit additional sheets. Once all materials are received, the patient will be contacted regarding next steps.