



TBS San Bernardino
1430 East Cooley Drive #240
Colton, CA 92324
909/ 433-0445
909/ 433-0556 Fax

MHS Inc., T. B. S. San Bernardino
Need for Expedited or Urgent Request

1. Child’s behavior or symptoms places child at risk of potential psychiatric hospitalization within the next 14 days.

___ yes ___no

2. Child’s behavior or symptoms without TBS are likely to be placed at a higher level of residential care within the next 14 days.

___yes ___no

3. The beneficiary of services is ready to transition to a lower level of residential placement within the next 14 days but cannot do so without TBS

___ yes ___no

I certify that this client should qualify for the URGENT request on the basis of the above information.

Signature of Clinician or SSP _____ Date: _____
Printed Name/Title/Licensure _____ Agency/Clinic: _____

If the above signature is not a licensed clinician, a co-signature by the clinician’s supervisor or SSP’s supervisor is needed below (not needed if psychiatrist’s signature obtained).

Signature of CS, CTII or SSSP _____ Date: _____
Printed Name/Title/Licensure _____

Disclaimer: Your signature(s) ensure(s) that there is congruent information in your records which justifies your answers.

Therapeutic Behavioral Services

Confidential Patient Information
See W&I Code 5328

NAME:

Chart #:

DOB:

AGENCY: