

Referrals for ATU and CSU Placement

Axis Health System is accepting referrals to the [Acute Treatment Unit](#) in Durango and the [Crisis Stabilization Unit](#) in Montrose.

For Providers: How to Make a Referral for Placement

Referrals to the Acute Treatment Unit and Crisis Stabilization Unit are received via fax. Our team will contact the referring provider by phone within one hour of receiving a completed referral packet. At that time, additional information may be requested, or a disposition of the referral will be communicated. See below for specific unit requirements and contact information.

Regional Crisis Center Durango, Acute Treatment Unit (ATU)

- Call the ATU to provide notification of your referral at 970-403-0182
- Fax a referral packet: 970-403-0191
 - Please include current patient demographic information, crisis evaluation, medical clearance records (H&P, labs, tox screen), and legal paperwork, if applicable.

Regional Crisis Center Montrose, Crisis Stabilization Unit (CSU)

- Call the CSU to provide notification of your referral at 970-252-3203
- Fax a referral packet: 970-249-8793 (*note this is a new fax number*)
 - Please include a current patient demographics sheet, crisis evaluation, medical clearance records if available (H&P, labs, tox screen), and legal paperwork, if applicable.

For Providers and Facilities: Stepdown Referral and Certification Transfer Process

If a patient in your facility requires additional stabilization at a lower level of care or a certification transfer is needed, please see the following:

Stepdown referrals are reviewed Monday – Friday during business hours.

To make a referral for stepdown, please send a referral packet including clinical documentation, medication list, and all legal documents to our Discharge Planning Team;

DischargePlanners@axishealthsystem.org

To protect patient privacy, please encrypt your email.

- Indicate the reason for referral.
- Indicate the legal status of the patient and if they are on court-ordered medications:
 - If certified, please indicate the provider with whom a provider-to-provider consultation will occur and the provider's contact information.
 - A phone conversation between providers *must* occur for a transfer of certification to be considered and accepted.
 - If accepted, the *Transfer of Certification* **MUST** be sent prior to the patient's arrival at the facility.
 - Indicate the anticipated transfer date

Thank you for your partnership.