















**Psychiatric  
Research Institute**

### **Completed Documents Required for CDU Admissions**

Please find attached the Child Diagnostic Unit referral packet. Forms may be completed by guardian or mental health provider but should explain in detail the difficulties and symptoms your child is experiencing. Upon completion, please fax the forms to (501)526-0302 or email to [childinpatient@uams.edu](mailto:childinpatient@uams.edu).

### **We must have these documents prior to admission:**

-  Application Packet
-  Immunization Record (Information obtained from your own personal records or by calling the Arkansas Department of Health (501-661-2169) to obtain free record.)
-  Proof of guardianship if not the biological parent(s)
-  Proof of Insurance
-  Copy of court order or FINS petition (if applicable)
-  Referral letter from mental health provider
-  Current treatment plan or Clinical Information from mental health provider
-  Behavior Checklist completed by parent, legal guardian, and mental health provider
-  Copies of previous testing reports: Psychological, Speech, and Language IEP and/or 504 from school
-  Medication History from Pharmacy
-  Copy of guardian(s) driver's license
-  Referral signed by PCP

Referral and Admissions Contact:

**Stacy Henderson**  
**Social Services Consultant**  
**UAMS Psychiatric Research Institute**  
**CDU**  
**4301 West Markham Street, #554**  
**Little Rock, Arkansas 72205**  
**Phone: (501) 526-8502**  
**Fax: (501) 526-0302**

**Email: [childinpatient@uams.edu](mailto:childinpatient@uams.edu)**